

XSTREAM SOLUTIONS, INC.  
P.O. BOX 468113  
ATLANTA, GA 31146  
770-552-5553

We have a unique opportunity for you to partner with a powerful software and systems integrator of interactive and digital signage solutions.

Expand your business by selling digital signage and interactive solutions. If you have an established business in information technology, advertising and media distribution, sign solutions, retail design or other relevant fields and are interested in distributing Xstream Solutions' interactive and digital software systems, becoming a Xstream Authorized Reseller may be for you.

### Xstream Authorized Reseller

**Xstream Authorized Reseller** are an essential part of the Xstream team. Therefore, the Authorized Reseller Program admits only the top candidates. The selection process is rigorous - based on each company's reputation for integrity, track record of consumer satisfaction, financial stability, sales performance, marketing and technical capability and the expertise of its sales force.

**In addition, Xstream requires each Authorized Reseller to:**

- Maintain a certified, professional staff trained in Xstream Products and Services
- Offer consultative services so as to deliver products and services that accurately meet customer's needs
- Provide services that complements the line of Xstream Products & Services
- Develop and sustain a high level of satisfaction to consumers.
- Have a Resellers Tax Certificate to qualify for Reseller status.

As part of the Xstream team, every Authorized Reseller is backed by the full resources and technical expertise of Xstream Solutions. This way, the Authorized Reseller will have whatever is necessary to plan, implement and maintain a total Digital Signage solution.

**Xstream works closely with each Authorized Reseller to provide these services to consumers:**

- System design and configuration
- System installation and testing
- User training
- Technical support, maintenance and repair
- Troubleshooting

**The Xstream Products and Services available for resale by an Authorized Reseller are:**

- XSN Content Manager Software
- XSN Player
- Xstream Content Management Services
- Xstream Maintenance & Support Services
- Digital Signage Hardware

A Xstream Authorized Reseller can provide consumers with a total solution designed to meet general or very specific needs for each consumer. Each Xstream Authorized Reseller acts as a distributor for Xstream Products and Services. All products and services provided by Xstream to the Xstream Authorized Reseller must be resold to the end-consumer. All software is licensed to the consumer only. Xstream Authorized Resellers qualify for discount pricing on hardware and software purchased through Xstream. Xstream Authorized Resellers also receive a percentage of contracts for Xstream Services underwritten by Reseller.



# XSTREAM AUTHORIZED RESELLER APPLICATION

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Failure to fill in all blanks may delay processing. Application must be signed by owner or duly authorized officer or partner.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

|  |             |                             |                |                       |
|--|-------------|-----------------------------|----------------|-----------------------|
| Firm Name:                                 |             |                             |                | Telephone ( )         |
| Parent Corporation of AKA (Also Known As): |             |                             |                | Fax#                  |
| Purchasing Contact:                        |             |                             |                | Telex#                |
| Billing Address:                           |             |                             |                | Contact Email Address |
| City                                       | State       | Zip                         | Country        |                       |
| Type of Enterprise:                        | Corporation | Partnership                 | Proprietorship |                       |
| Names of Principals and Titles:            |             |                             |                |                       |
| Accounts Payable Contact:                  |             |                             |                | Telephone ( )         |
| Date Business Started                      | Sales Terms | Facilities Owned or Leased? |                |                       |
| Principal Computer Lines Carried:          |             |                             |                |                       |

|  |   |  |
|--|---|--|
| Present Yearly Sales Volume:                   | <input type="checkbox"/> \$100,000 to \$500,000     | <input type="checkbox"/> \$5,000,000 to \$10,000,000 |
| <input type="checkbox"/> Under \$50,000        | <input type="checkbox"/> \$500,000 to \$1,000,000   | <input type="checkbox"/> Over \$10,000,000           |
| <input type="checkbox"/> \$50,000 to \$100,000 | <input type="checkbox"/> \$1,000,000 to \$5,000,000 |  |

### BANK REFERENCES

\*Less than 2 years, a second bank reference required

| CHECKING       |       |     |  | SAVINGS        |       |     |
|----------------|-------|-----|--|----------------|-------|-----|
| Bank           |       |     |  | Bank           |       |     |
| Address        |       |     |  | Address        |       |     |
| City           | State | Zip |  | City           | State | Zip |
| Telephone ( )  | FAX#  |     |  | Telephone ( )  | FAX#  |     |
| Account Number |       |     |  | Account Number |       |     |
| Account Name   |       |     |  | Account Name   |       |     |
| Contact        |       |     |  | Contact        |       |     |

### U.S. TRADE REFERENCES

\*Companies with whom credit has been established; three required

|               |      |  |  |                  |            |     |
|---------------|------|--|--|------------------|------------|-----|
| 1. Name       |      |  |  | Type of Business |            |     |
| Address       |      |  |  | City             | State      | Zip |
| Telephone ( ) | FAX# |  |  | Payment Terms    | Customer # |     |
| 2. Name       |      |  |  | Type of Business |            |     |
| Address       |      |  |  | City             | State      | Zip |
| Telephone ( ) | FAX# |  |  | Payment Terms    | Customer # |     |
| 3. Name       |      |  |  | Type of Business |            |     |
| Address       |      |  |  | City             | State      | Zip |
| Telephone ( ) | FAX# |  |  | Payment Terms    | Customer # |     |

In consideration of the establishment of an account, applicant certifies that the information provided in this application is accurate information. Accordingly, applicant understands and agrees that any misrepresentation or omission of facts in this application will justify the denial or the rescission of approval. By signing this application, applicant hereby authorizes the release of information requested by Xstream Solutions by any Trade References or Bank References listed above.

X

Authorized Signature

Printed Name

Title

Date