

CUSTOMER APPLICATION – NAI Tech Products, Inc.

Trade or business name:

Parent or Affiliated Company:

Years in business: _____ Sole Owner ____ Partnership ____ Corporation ____ State: _____

Billing Address:

Ship-to Address:

Telephone Number: () _____ Fax Number: () _____

Website: _____ E-mail: _____

Organization Total Employees: _____

President or Owner:

Service Manager:

Accounts Payable Manager:

Financial Manager:

Authorized to Purchase:

Company Profile (select one) Equipment Manufacturer ____ Software Developer ____

Dealer/VAR ____ Hospital ____ Imaging Center ____ Export ____

Principal Lines Sold

Geographic Area Serviced:

Principal Equipment Serviced:

Customer Base (Show percentage) Hospitals ____ Clinics ____ Government Hospitals ____

Other Dealers/Distributors ____ Industrial ____ Other ____

Planned Business Activity with NAI Tech Products and financial responsibility

the DICOM box _____ MDR _____ Accessories _____
(Estimated Annual Purchases)

Please complete the financial information section on Page 3 of this application and sign the following acceptance of terms. I/we hereby authorize your investigation of the references, credit bureaus or other agencies as to my/our credit and financial responsibility. I/we understand that an open account, if approved, is due and payable 30 days from the date of the invoice and I/we agree to pay all invoices in accordance with these terms and understand that failure to pay in a timely manner may cause NAI Tech Products, Inc. to revoke open billing status. In the event that it becomes necessary to collect under this agreement, the undersigned personally guarantees and promises to pay such open accounts, including reasonable collection costs and attorney fees.

Signature

Date

Title

**CALIFORNIA RESALE SALES TAX INFORMATION
FOR ALL SHIPMENTS TO CALIFORNIA DESTINATIONS:**

California State Sales Tax **MUST BE PAID** unless you provide a **VALID CALIFORNIA RESALE CERTIFICATE**.

Under "Description of property to be purchased" there may appear:

- (1) Either an itemized list of the particular property to be purchased for resale, or
- (2) A general description of the kind of property to be purchased for re-sale. Such certificate is good until revoked in writing.

Firm Name: _____

I HEREBY CERTIFY, That I hold valid California seller's permit No. _____
issued pursuant to the Sales and Use Tax Law, that I am engaged in the business of selling;

That the tangible personal property described herein which I shall purchase from;

NAI Technology Products, Inc.

will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased:

Signature

Dated

Printed Name and Title

Phone

Address: _____

Financial Data

Annual Sales _____ Fiscal year Ends: _____

Net Asset Value: _____ Are current Financial Statements available? YES NO

Sales Tax Resale #: _____ State Issued: _____

Federal Tax ID #: _____

Has the company ever filed Bankruptcy? YES NO

Has any principal ever filed Bankruptcy? YES NO

Bank Reference

Primary Bank:

Account Number:

Contact: Phone Number () _____

Address

Trade References

References must be related to diagnostic imaging purchases!

Name Address Phone Fax

1) _____

2) _____

3) _____

*Note: Please do not include references that do not provide information.

Please use references that currently extend credit equal to the credit you desire from Tech Products.

For NAI Tech Products Use Only

Date Received: _____ Submitted by: _____ Checked by: _____

Account Number: _____ Credit Limit: _____ Payment Terms: _____

Approval: _____