

# DEALER APPLICATION – NAI Tech Products, Inc.

Please provide some information about your company.

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Trade or business name:

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Parent or Affiliated Company:

Years in business: \_\_\_\_\_ Sole Owner \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_ State: \_\_\_\_\_

Billing Address:

Ship-to Address:

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Telephone Number: (     ) \_\_\_\_\_ Fax Number: (     ) \_\_\_\_\_

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Organization** Total Employees: \_\_\_\_\_

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President or Owner:

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Service Manager:

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Accounts Payable Manager:

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Financial Manager:

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Authorized to Purchase:

**Company Profile** (select one) Equipment Manufacturer \_\_\_\_ Software Developer \_\_\_\_

Dealer/VAR \_\_\_\_ Hospital \_\_\_\_ Imaging Center \_\_\_\_ Export \_\_\_\_

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Principal Lines Sold

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Geographic Area Serviced:

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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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

### Financial Data

Annual Sales \_\_\_\_\_ DUNS Number: \_\_\_\_\_

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.

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## For NAI Tech Products Use Only

Date Received: \_\_\_\_\_ Submitted by: \_\_\_\_\_ Checked by: \_\_\_\_\_

Account Number: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Payment Terms: \_\_\_\_\_

Approval: \_\_\_\_\_