

DEALER APPLICATION – NAI Tech Products, Inc.

Please provide some information about your company.

Trade or business name:

Parent or Affiliated Company:

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

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.

Signature

Date

Title

Financial Data

Annual Sales _____ DUNS Number: _____

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

Has the company ever filed Bankruptcy? YES NO

Has any principal ever filed Bankruptcy? YES NO

Bank Reference

Primary Bank:

Account Number and Routing:

Contact: Phone Number

() _____

Address

Trade References

References must be related to diagnostic imaging purchases! USA references if available please.

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: _____