

CUSTOMER REGISTRATION

Trade or business name: _____

Parent or Affiliated Company: _____

Sole Owner _____ Partnership _____ Corporation _____ Incorporated In _____

How long in business: _____

Billing Address: _____ Ship-to Address: _____

Phone Number: () _____ Fax Number: () _____

Mobile Phone Number: () _____ Website: _____

Organization

Name	Address	Phone	Email
President/CEO or Owner:	_____	_____	_____

Purchasing Manager: _____

Accounts Payable Manager: _____

Financial Manager: _____

Authorized to Purchase: _____

Total Employees: _____

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 #: _____

Bank Reference

Principal Bank: _____ Contact: _____

Address: _____

Account Number: _____ Phone Number () _____

References (Open accounts only)

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 NAI.

Has the company ever filed Bankruptcy? _____ Has any principal ever filed Bankruptcy? _____

For NAI Use Only

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

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

Approval: _____

Planned Business Activity with NAI

<u>Product</u>	<u>Estimated Annual Purchases</u>	<u>Product</u>	<u>Estimated Annual Purchases</u>
X-Ray Tubes	_____	Tetrodes	_____
Image Intensifier Tubes	_____	Grids	_____
CCTV Systems	_____	Monitors	_____
High Voltage Cables	_____	Camera Tubes	_____
DICOM Networking	_____	Workstations	_____
Ultrasound Accessories	_____		

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 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 (Principal Officer)

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

_____ 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: _____

Dated _____ 19 _____ Signature: _____

At _____ By and Title _____

Phone _____ Address: _____