

Dear Applicant,

Thank you for your interest in doing business with Frontier Imaging. Please fill in and fax the completed form to: **(310) 898-3135**. Once your account is created, a representative will contact you. Thank you!

Contact Information (Please Print)	
Name (First, Last)	Position
Phone	Fax
Email	
A/P Contact Name (First, Last)	A/P Phone
A/P Email	
Would you like to have a Frontier web account? <input type="checkbox"/> Yes <input type="checkbox"/> No, thank you.	
How did you hear about us? <input type="checkbox"/> Magazine <input type="checkbox"/> Internet / Newsletter <input type="checkbox"/> Referred By (Company or Name) _____	

Company Information (Please Print)			
Company Name			
President/Owner			
Address 1		City	State
Address 2		Zip Code	Country
Seller's Permit Number			
Type of Business	<input type="checkbox"/> Independent Service Provider	<input type="checkbox"/> Authorized Dealer of (brand) _____	
	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Print Shop	<input type="checkbox"/> Retailer <input type="checkbox"/> Other _____
Do you serve to (Check all that apply)	<input type="checkbox"/> Legal Office	<input type="checkbox"/> Education	<input type="checkbox"/> Government <input type="checkbox"/> Corporation Office
	<input type="checkbox"/> IT Service	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other _____
Number of Employees (Check One)	<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-30	<input type="checkbox"/> 31-50 <input type="checkbox"/> 50+ <input type="checkbox"/> 100+
Number of Technicians (Check One)	<input type="checkbox"/> 0-1	<input type="checkbox"/> 2-5	<input type="checkbox"/> 5-10 <input type="checkbox"/> 10-15 <input type="checkbox"/> 15+

Brands Carried (Check all that apply):				
<input type="checkbox"/> Brother	<input type="checkbox"/> Konica-Minolta	<input type="checkbox"/> OCE	<input type="checkbox"/> Ricoh	<input type="checkbox"/> Toshiba
<input type="checkbox"/> Canon	<input type="checkbox"/> Kyocera-Mita	<input type="checkbox"/> Okidata	<input type="checkbox"/> Risograph	<input type="checkbox"/> Xerox
<input type="checkbox"/> Copystar	<input type="checkbox"/> Lanier	<input type="checkbox"/> Panasonic	<input type="checkbox"/> Samsung	<input type="checkbox"/> Other
<input type="checkbox"/> Gestetner	<input type="checkbox"/> Lexmark	<input type="checkbox"/> Pitney Bowes	<input type="checkbox"/> Savin	
<input type="checkbox"/> HP	<input type="checkbox"/> Muratec	<input type="checkbox"/> QMS	<input type="checkbox"/> Sharp	

**\* If in CA, please send a copy of your Resale Permit along with this form. \***

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**For Internal Use Only**

Customer Account ID	Salesperson Code	Date
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General Information (Required)			
Company Name (or DBA)			Date
Billing Address			City
			State
			Zip Code

Credit Card Information (Required)			
Card Type (Please check one)	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> American Express
Type of Card (Please check one)	<input type="checkbox"/> Corporate	<input type="checkbox"/> Personal	
Card Number	Expiration Date	Security Code	
Authorized Signature <small>(As appears on the back of the card)</small>			
Issuing Bank	Customer Service Tel #		

Card Holder Information			
Name of Card Holder (As printed on card)			
Name of Company (If Corporate, as printed on card)			
Credit Card Billing Address			City
			State
			Zip Code
Telephone	Fax		

**Terms and Conditions**

1. Frontier Imaging Inc. (FII) will provide the customer with a copy of each credit card transaction along with the corresponding invoice(s), either by attaching it to the corresponding shipment or by mail.
2. It will be the customer's responsibility to notify (in writing) the Accounts Receivable (A/R) Department at Frontier Imaging of any inability to make payments through this credit card prior to placing an order.
3. The information provided will be kept confidential and will **ONLY** be used for A/R purposes at Frontier Imaging Inc.
4. All purchases will be charged to this credit card, unless an alternate form of secured payment has been agreed upon.
5. Any delinquent amount(s), such as past due invoices, NSF check(s), restocking fees; and/or any reasonable interest amount(s) resulting from the delinquency(ies) that is equal to 1.5% per month or the maximum amount permitted by law, whichever is less; and/or any resulting outside charges that FII incurs, will be charged to the credit card.
6. All Next Day, Second Day, and Third Day Select shipments via UPS, Fed Express, or other courier services will be charged to the credit card, unless any other prepayment method has been arranged between Frontier Imaging and the customer.

By signing below, I agree to the foregoing terms and conditions, and authorize Frontier Imaging Inc. to charge my purchases to the credit card provided above.

<b>Name (Print)</b>	<b>Signature</b>	<b>Date</b>
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-CONFIDENTIAL-

## California Resale Certificate

### I HEREBY CERTIFY:

1. I hold valid seller's permit number: \_\_\_\_\_

2. I am engaged in the business of selling the following type of tangible personal property:

\_\_\_\_\_

3. This certificate is for the purchase from \_\_\_\_\_ of the item(s) I have listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

6. I have read and understand the following:

**For Your Information:** A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER

\_\_\_\_\_

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE



PRINTED NAME OF PERSON SIGNING

TITLE

ADDRESS OF PURCHASER

\_\_\_\_\_

TELEPHONE NUMBER

(      )

DATE