



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. *

For Internal Use Only

| | | |
|---------------------|------------------|------|
| Customer Account ID | Salesperson Code | Date |
|---------------------|------------------|------|



Requested Terms: _____ days from invoice date. Credit Limit amount requested : _____

Wire transfer customer, please check the box to receive Frontier’s bank information.

| General Information | | | |
|---|--|----------|------------------|
| Company Name (or DBA) | | | Year Established |
| Business Address | | | City |
| | | | State |
| | | Zip Code | |
| Shipping Address (if different from above) | | | City |
| | | | State |
| | | Zip Code | |
| Telephone | | | Fax |

| Description of Business | |
|---|------------------|
| Business Type <input type="checkbox"/> Subsidiary of _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation | |
| Federal Tax No. | State Resale No. |
| Social Security No. (If Partnership or Sole Proprietorship) | |
| Name of President/Owner | Name of A/P |
| Other Corporate Officer(s) | Title(s) |

| Trade References | | |
|--------------------------|----------------|-------|
| Company Name | Contact Person | |
| Account No./ Customer ID | Credit Limit | Terms |
| Telephone | Fax | |

| | | |
|--------------------------|----------------|-------|
| Company Name | Contact Person | |
| Account No./ Customer ID | Credit Limit | Terms |
| Telephone | Fax | |

| | | |
|--------------------------|----------------|-------|
| Company Name | Contact Person | |
| Account No./ Customer ID | Credit Limit | Terms |
| Telephone | Fax | |

Terms and Conditions

This Credit Application is submitted by the above mentioned company to Frontier Imaging Inc. (FII) to obtain trade credit. Customer agrees to make payment in full to FII for amounts due according to FII invoice(s). Customer also agrees to pay FII interest of 1.5% per month or maximum permitted by law (whichever is less) for invoice amount(s) that are past due. Further, the undersigned warrants and represents that all information contained in this Application and any other statements or documents submitted to FII, by the undersigned are true, accurate, correct and complete. Customer understands that even if it is approved to trade on terms, if no purchases are made within twelve months, it will automatically be changed to C.O.D. Any check returned due to insufficient funds will be assessed a \$25 service charge. All principals and officers of the corporation are personal guarantors to the account of the corporation.

I hereby represent that I am authorized to submit this application on behalf of credit applicant named above. By signing this agreement, I/we authorize the release of credit and banking information to FII by the references listed above.

If applicant is a corporation, this form must be signed by an officer.

| Name (Print) | Authorized Officer’s Signature | Title | Date |
|--------------|--------------------------------|-------|------|
|--------------|--------------------------------|-------|------|

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 _____