



VIRTUAL IMAGING PRODUCTS

AUTHORIZED BUSINESS PARTNER PROFILE

Please FAX completed form to: (866) 876-2464

Please contact us at (866) 876-2461

Or mail to: **V.I.P.**, 2283 Argentia Rd. Unit 22

Mississauga, Ontario, Canada

L7N 3N4

SECTION 1: COMPANY INFORMATION

Company Name: _____

Company Address: _____

Country: _____

Telephone Number: _____ FAX Number: _____

Name of Parent Company (if applicable): _____

Headquarters Address: _____

Do you have more than one business location? Yes ___ No ___ if YES, please attach company location addresses, for DROP SHIP Location sites.

NOT MANDATORY

How many employees do you currently have? Inside Sales ___ Outside Sales ___ Tech. Support ___

Systems Engineers ___ Programmers ___ Sales Managers ___ Other ___ Total: _____

Total estimated revenue from **V.I.P.** products within the next 12 months: \$ _____

Are you willing to provide purchasing reports to **V.I.P.** on a monthly basis? YES NO

If Yes, in what format can you provide the reports? Excel ___ Word ___ Lotus ___ Other _____

Do you have yearly contracts that are bid on annually? YES NO

SECTION 2: CONTACT INFORMATION

Owner's Name: _____ E-mail: _____ Tel. Ext.: _____

Primary Contact: _____ E-mail: _____ Tel. Ext.: _____

Office Manager Contact: _____ E-mail: _____ Tel. Ext.: _____

Purchasing Contact: _____ E-mail: _____ Tel. Ext.: _____

Account's Payable Contact: _____ E-mail: _____ Tel. Ext.: _____

SECTION 3: MARKETING INFORMATION

Classification (Retail/Manufacturing/Advertising/Office/Management/Staffing, Other): _____

List area codes where you require products/services: _____



VIRTUAL IMAGING PRODUCTS

CONDITIONS OF SALE

Credit Terms

Upon credit approval, **V.I.P.** payment terms are **NET 30 days** from invoice date, unless otherwise specified.

Service Charge

A service charge of **2%** of invoice amount will be charged for each calendar month or part thereof on any invoice for which payment is not received by the end of the calendar month following the date of invoice.
Returned checks or NSF checks are subject to a \$25.00 fee and will result in future shipments being sent C.O.D.
In the event that the customer refuses an order at time of delivery an additional charge of \$15.00 will be applied, to the original invoice, and must be paid in full within 15 days.

Minimum Order Size

Our minimum order size is **\$50.00**; all orders below the minimum are subject to an **\$8.50 handling fee**.

Terms of Shipment

All shipments are F.O.B. **V.I.P.** and are subject to a **flat shipping fee of \$8.50 per order**; there will be no additional shipping charges on back orders. **Free freight o all orders over \$ 1,000.00**

Oversized orders are subject to additional shipping charges that will be quoted at the time of order placement

PLEASE READ - IMPORTANT DETAILS:

1. Upon acceptance you will be set up with the proper **Customer Account Number** for your product fulfillment needs.
2. Until the vendor is in receipt of all payments due and owing pursuant to this agreement, title to and ownership of the (goods) as well as any proceeds from the sale of such (goods) shall be and remain in vendor's name. The (purchaser) waives any and all right, protection of benefit it may have pursuant to any applicable conditional sales laws.
3. A resale certificate must accompany this form in order to process all orders in a timely fashion.

I have read the conditions of sale and hereby agree to them. I also agree to keep my account within the prescribed terms.

Authorized Company Representative Signature

Printed Name

Title

Date

V.I.P. Representative Signature

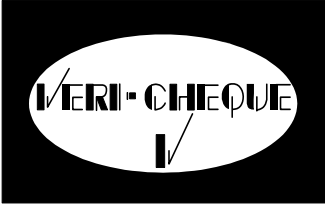
DAN BENEZRA
Printed Name

PRESIDENT
Title

Date

Private and Confidential





19 East Wilmot Street
Richmond Hill, Ontario. L4B 1A3

Local (905) 709-0927 Toronto (416) 410-0570
Toll Free 1 (800) 268-3284 Fax (905) 709-0952

DATE: _____

TO WHOM IT MAY CONCERN

THIS IS TO ADVISE THAT I AUTHORIZE MY BANK _____

ADDRESS _____

ACCOUNT # _____

TO DIVULGE CREDIT RATING INFORMATION TO VERI CHEQUE LTD., ON

BEHALF OF _____.

AUTHORIZED OFFICER

FULL COMPANY NAME
& ADDRESS