



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.** 135 Ormont Drive Unit#14/15

North York, Ontario M9L 1N6

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 (Not applicable to Overseas accounts)

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

Service Charge (Not applicable to Overseas accounts)

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 (Not Applicable to Overseas accounts)

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

Terms of Shipment (Not applicable to Overseas accounts)

All shipments are F.O.B. **V.I.P.** and are subject to a flat shipping fee of \$9.50 per order; Quebec and Ontario only. All other provinces will be subject to a flat rate of \$12.50 p/order, there will be no additional shipping charges on back orders.

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



VIRTUAL IMAGING PRODUCTS
2283 ARGENTIA RD UNIT#22
MISSISSAUGA, ONTARIO
L5N 5Z2

CREDIT CARD PAYMENT
PAIEMENT DE CARTE DE CREDIT
(Please Type or Print) (Svp type ou copie)

STORE NAME Nom De Compagnie

CARD HOLDER PORTE-CARTES

V.I.P. ACCOUNT #

I AUTHORIZE *VIRTUAL IMAGING PRODUCTS* TO CHARGE THE COST OF MY ORDER INCLUDING
FREIGHT CHARGES (IF APPLICABLE) TO MY VISA OR MASTER CARD ACCOUNT
J'AUTORISE *VIRTUAL IMAGING PRODUITS* POUR CHARGER Le COÛT De MON ORDRE
COMPRENANT Le COÛT DU FRET (SI C'EST APPROPRIÉ) À MON VISA OU COMPTE De CARTE
PRINCIPALE

VISA

M / C

(CREDIT CARD ACCOUNT NUMBER) NUMÉRO DE COMPTE DE CARTE DE DEGRÉ DE SOLVABILITÉ

Month Mois

Year ANNÉE

(EXP. DATE)

NEW ACCOUNTS NOUVEAUX COMPTES

PLEASE CHARGE MY ACCOUNT IN THE FOLLOWING METHOD;

VEUILLEZ CHARGER MON COMPTE DANS LA MÉTHODE SUIVANTE

ORDER TO ORDER
CHACQUE COMMANE

BI-MONTHLY (2 x per Month)
DEUX FOIS PAR MOIS (15TH & 30TH)

MONTHLY
MENSUEL (25TH)

ONE TIME CHARGE ONLY Amount \$ _____
UNE CHARGE DE TEMPS SEULEMENT Montant \$

List Invoice Number(s) see next page's attached
Les numéros de facture de liste voient la prochaine page jointe

AUTHORIZED SIGNATURE SIGNATURE AUTORISÉE

BLANKET EXEMPTION CERTIFICATE

Under the provisions of the retail sales tax act, I/We claim exemption from tax on the goods which I/We will purchase from Virtual Imaging Products Inc. during the period of _____ (not to exceed 3 years).

COMPANY NAME _____

ADDRESS _____

Provincial Sales Tax #: _____

Signature _____ **Title** _____

Date _____