



inVision  
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 Savannah, Georgia 31405

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 912.236.1345 (office)  
 912.233.5350 (fax)

**Dealer Application** - Please complete the following form in its entirety and return to inVision via fax or email. Completion of this form does not guarantee acceptance as a dealer.

BILLING INFORMATION	
Company Name (DBA):	
Legal Name (if different):	
Attn/Title:	
Street Address:	
Mailing Address (if different):	
City, State, Zip:	
Main Phone #:	
Email address:	

SHIPPING INFORMATION <i>(If different than billing)</i>	
Company Name (DBA)	
Attn/Title:	
Street Address:	
City, State, Zip:	
Special Shipping Instructions:	
Partial Shipments OK?	Yes                      No
Is Shipping Address:	Showroom              Warehouse              Office              Other

**CORPORATE INFORMATION** *Please enclose a copy of your last two years financial statements or tax returns. Information will be kept confidential.*

Type of Ownership	Corporation Limited Partnership (LP)	Limited Liability Company (LLC) Other	Partnership
Federal ID #:			
State Tax ID #:			
Resale Tax Certificate # (Attach Copy):			
SSN #:			
D&B DUNNS NO.:			
Date Established:	Years in Business:	# of Employees:	
SCC Code # / Type of Business:			
Parent Company Name (if applicable):			
Has the company ever filed bankruptcy:	Yes	No	If yes, when?
Are there any open lawsuits?	Yes	No	
Website Address:			
President / CEO:			
Controller / CFO:			
Other Principle:			
A/P Manager:			

**PURCHASE INFORMATION** *Please list authorized buyers.*

Name:	Name:	Name:
Title:	Title:	Title:
Phone:	Phone:	Phone:
Email:	Email:	Email:

**TRADE/CREDIT REFERENCES** *Please verify with your references that there are no special requirement (i.e. references by website only)*

Name: Account #:	Name: Account #:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone #: Fax #:	Phone #: Fax #:
Credit Limits:	Credit Limits:
Name: Account #:	Name: Account #:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone #: Fax #:	Phone #: Fax #:
Credit Limits:	Credit Limits:

**BANK REFERENCE**

Bank Name:
Officer/Contact:
Address:
City, State, Zip:
Checking Account #: Savings Account #:
Loan Account #:
Phone #: Fax #:

<b>SIGNED BY AUTHORIZED OFFICER</b>	
Signature:	Date:
Name (please print):	Title:
<p>The undersigned ("DEBTOR") hereby makes application to inVision ("CREDITOR") and in making this application the undersigned agrees that all amounts payable on or before the due date, as shown on each invoice, shall be paid, and if not paid on or before said date, are then delinquent. Should creditor grant credit availability, all decisions with respect to the extension or continuation of credit shall be in the sole discretion of creditor. Creditor may terminate any credit availability within its sole discretion. It is understood that creditor may impose and charge a finance charge or delinquency charge which is the lower of one and one half percent (1-½%) per month or the highest rate allowed by law on any amount which becomes past due and delinquent. Additionally, if legal proceedings are instituted for the collection of any amount unpaid on the undersigned's account ("evidence of indebtedness") with creditor, the debtor agrees to pay, in addition to the outstanding balance, reasonable attorney's fees in accordance with applicable law.</p> <p>Terms and Conditions of Sale: The undersigned agrees to pay for all billings according to the terms of creditor, which are NET 15 DAYS. No terms or conditions of purchase orders different from the terms of creditor will become part of any sales agreement, purchase order, or other document unless specifically approved in writing by creditor. Payments may be applied against open charges in the discretion of the creditor. On request the undersigned agrees that the continued solvency of the undersigned is a precondition to any sale made by creditor. The undersigned agrees to provide creditor a statement representing that the undersigned is and remains solvent. The undersigned acknowledges and agrees that creditor may utilize outside credit reporting services to obtain information on the undersigned. The laws of the State of Georgia shall be applicable to all suits arising under any agreement between the undersigned and the creditor. The person signing this application certifies that he/she is authorized to sign on behalf of the undersigned and has the authority to legally bind the undersigned and that all of the information contained in this application, is true and correct to the best of their information, knowledge and belief. Applicant, in submitting this application for the purpose of obtaining credit, authorized Creditor Company to contact the references provided to obtain any information pertaining to the applicant's credit worthiness.</p>	

<b>INFORMATION ABOUT YOUR BUSINESS</b>
How many employees do you have?
How many salespeople do you have?
How many installers do you have?
How many service technicians do you have?
What are your hours of service?
Who will be performing the system programming?
Please share the background and certifications of those that will be doing system programming:
Have any of your installers received special training or certification (Please List):

**CONTINUED**

What are your primary vertical markets?

Are you associated with any other company? If so, please list.

**WHAT PRODUCT LINES DO YOU CURRENTLY CARRY? (Please list brands for each category below)**

Distributed Video?

Distributed Audio?

Lighting?

Speakers?

Control?

TV/Displays?

**ARE YOU CURRENTLY AN AUTHORIZED DEALER FOR ANY OF THE FOLLOWING VIDEO CONFERENCE SYSTEM MANUFACTURERS?**

Cisco

PolyCom

Lifesize

**WHAT PRODUCTS ARE YOU INTERESTED IN DISTRIBUTING?**

inVisionCam:  
Ceiling Mount  
Wall Mount  
Bench Mount

inVisionCam (Presentation Only) Cart

inVisionCam (VTC - Stream and Record) Cart

Agilis LT VTC Cart and S/W CODEC

Agilis Telemedicine Cart and Peripherals

**DEALER CONTACT INFORMATION** *(To be filled out by dealer)*

In order to ensure you receive timely, relevant communications and documents from inVision please fill out the information below. This information is solely for inVision to maintain key dealer contacts and communicate with the appropriate personnel for the stated business functions. inVision will not share this proprietary information with anyone outside of inVision for any reason.

JOB TITLE	FUNCTION	INFORMATION	ADDRESS	WILL RECEIVE
Owner/General Manager		Name: Phone: Fax:	Mailing:  Email:	
Purchasing Manager	Makes purchasing decisions and writes purchase orders	Name: Phone: Fax:	Mailing:  Email:	Pricing New product info
Sales Manager	Responsible for function and performance of sales team	Name: Phone: Fax:	Mailing:  Email:	Pricing New product info
Accounts Payable Manager	Handles credit and payment issues	Name: Phone: Fax:	Mailing:  Email:	Statements Invoices

<b>SIGNED BY DEALER</b>	
Signature:	Date:
Name (please print):	Title:
<p>inVision agrees not to share the information provided on the Dealer Contact Information sheet with anyone outside of inVision for any reason. This data will solely be used by inVision for the business purposes started on the Dealer Contact Information sheet and is designed to maintain an effective, efficient business relationship with Stage Front Presentation Systems.</p> <p>For the purpose of obtaining merchandise from inVision on credit terms, dealer provides the above information and warrants to inVision that the information is complete, true, and accurately reflects the present financial condition of the dealer. In addition, dealer hereby provides consent for inVision to obtain a consumer credit report to be used for the purpose of evaluating credit.</p>	