



Windham Lakes Business Park
 1205 W Lakeview Court
 Romeoville, IL 60446-6501
 www.xma.com

CONFIDENTIAL DEALER APPLICATION

Legal Name of Company: _____

Doing Business As (DBA): _____

Address: _____

City/State/Zip+4: _____

Telephone: _____ Fax: _____

Type of Company (Circle One) Proprietorship Partnership Corporation

Date Business Started: _____ D&B #: _____

Number of Locations: _____ Years at Current Address: _____

If Sole Proprietorship, Please Fill Out Below:

Full Name: _____ Telephone: _____

Address: _____ Years at Current Address: _____

City/State/Zip+4: _____ No. Dependents: _____

Marital Status: Married Single

If Partnership, Please Fill Out Below:

Full Name of Partner: _____ SS#: _____

Address: _____ Type of Partner: General

City/State/Zip+4: _____ Limited

Full Name of Partner: _____ SS#: _____

Address: _____ Type of Partner: General

City/State/Zip+4: _____ Limited

Full Name of Partner: _____ SS#: _____

Address: _____ Type of Partner: General

City/State/Zip+4: _____ Limited



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CONFIDENTIAL DEALER APPLICATION, cont'd

If Corporation, Please Fill Out Below:

President: _____ **SS#:** _____

Address: _____

Vice President: _____ **SS#:** _____

Address: _____

Treasurer: _____ **SS#:** _____

Address: _____

Secretary: _____ **SS#:** _____

Address: _____

State of Incorporation: _____

Date of Incorporation: _____

STATE RESALE CERTIFICATES:

Please enclose copies of all state resale certificates that you must collect sales tax for. Also, list all states that you collect sales tax for: _____

CURRENT COMPUTER CAPABILITIES:

Computer Faxing: Yes No EDI Capable: Yes No

What Accounting Software are you currently utilizing: _____

Do you have a Web Page: Yes No Web Page Address: _____

E-mail Addresses (include individuals that should receive pricing information, sales information, promo info):

Name: _____ e-mail address: _____

Name: _____ e-mail address: _____

Name: _____ e-mail address: _____

Name: _____ e-mail address: _____

attach additional sheets if required



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| <u>Required Information:</u> | <u>TOTAL</u> | <u>Projected through XMA</u> |
|------------------------------|--------------|------------------------------|
| Annual Gross Sales | \$ _____ | \$ _____ |
| Equipment Sales | \$ _____ | \$ _____ |
| Processor Sales | \$ _____ | \$ _____ |
| Film Sales | \$ _____ | \$ _____ |
| Accessories Sales | \$ _____ | \$ _____ |
| Barium Sales | \$ _____ | \$ _____ |

Total # of Salespeople: _____ Inside _____ Outside: _____

Total # of Service Personnel: _____ Total # of Processor Personnel: _____

Total # of Diagnostic Imaging Service Personnel: _____

Please State the Level of Expertise for both Processor and Diagnostic Imaging Service Techs:

Are your Service Personnel Involved in an ongoing formal Training Program: Yes No

If yes, is it: In-House Manufacturer's Training

If Manufacturer's Training, please list the most recent program:

OTHER DEALERSHIPS HELD:

Equipment: _____

Processors: _____

Film: _____

Accessories: _____



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CONFIDENTIAL DEALER APPLICATION, cont'd

BANK REFERENCES:

Institution's Name: _____

Address: _____

City/State/Zip+4: _____

Account Officer: _____ Telephone: _____

Account Number: _____ Checking Savings

Account Number: _____ Checking Savings

TRADE REFERENCES: Please supply four (4) Trade References. Must be either: Diagnostic Equipment, Accessories or Supplies.

| BUSINESS NAME | ADDRESS | PHONE | CONTACT |
|---------------|---------|-------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

PERSONAL REFERENCES: Please supply two (2) personal references.

| NAME | ADDRESS | PHONE | OCCUPATION |
|------|---------|-------|------------|
| | | | |
| | | | |



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**CONFIDENTIAL DEALER APPLICATION
 TERMS FOR PURCHASING ON OPEN ACCOUNT**

- 1) The information supplied herein is true and correct and made for the purpose of obtaining dealership status. XMA is hereby authorized to contact references concerning the information supplied.
- 2) Terms of Sale: Net 30 Days. Finance Charges accrue after 35 Days
 Finance Charges must be paid and will be treated as product invoices when considering credit limits.
- 3) All accounts must be secured with credit insurance. XMA will submit applicant to credit insurance company for coverage. Applicant agrees to pay XMA for the premium at the current prevailing rate (\$100 per \$10,000 coverage as of 11/30/04). If applicant refuses to pay for credit insurance, applicant will automatically be denied. Rates subject to change annually.
- 4) All XMA Dealers are required to pay a monthly fee of \$200. This fee covers distribution of 1 set of price pages, 1 set of price books, general mailings and fax communications.
- 5) You agree that XMA has the right to obtain a current credit report in connection with XMA's review of your application and, with respect to XMA, subsequently in connection with a requested charge to your account, the renewal of your account, or a change in your credit line; and that XMA has the right to report to others, it's credit experience with you.
- 6) The laws of the State of Illinois shall govern orders. If any portion of the account is referred to a third party for collections, applicant will pay all collection fees and costs, and if suit or other action is filed, the trial courts shall fix such attorney's fees and costs.
- 7) Applicant understands either party can terminate membership in XMA with 30 days written notice. XMA reviews dealer performance on an annual basis. XMA does not guarantee geographic exclusivity. However, if performance is not deemed appropriate for the geographic location, XMA reserves the right to add additional dealers or terminate membership.

Authorized Signature Required:

Signature: _____

Title: _____

Print Name: _____

Date: _____



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BANK REFERENCES

To: Bank Name: _____
Bank Officer: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____

Your name has been given to us as a Bank Reference by:

Applicant Name: _____
Address: _____
City/State/Zip: _____

Please furnish us with the information requested below. Your reply will help us in determining if we should extend credit to this company. Your reply will be held in strict confidence. ***Please fax back this form to (800) 343-5111.*** If you have any questions, please contact Amy Pulido at (800) 325-8880. Thank-you for your cooperation.

How Long has the Bank had this Account: _____

What are the Average Balances: _____

Do they have any outstanding Loans: _____

Are the Loans Secured: _____

If yes, what is the collateral: _____

Additional Comments: _____

Client Authorization to release Banking Information to X-Ray Marketing Associates, Inc.

I hereby authorize _____ to release the requested
(name of financial institution)
information to X-Ray Marketing Associates, Inc.

Signature of Authorized Officer

Date



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APPLICATION FOR CREDIT INSURANCE

All Dealers must secure their XMA account with credit insurance. XMA will extend credit at 1.0x the insured amount approved by the credit insurance company. The premium for this coverage is the responsibility of the dealer. XMA holds the master policy and bills each dealer for their portion of the premium. If a dealer refuses to purchase credit insurance, their application will be automatically denied. If a dealer applies for credit insurance and fails to pay the premium, their account will be placed on automatic credit hold pending payment of the premium and subject to losing their dealership status.

XMA has partnered with EULER/American Credit Indemnity Insurance Company to offer Credit Insurance to the XMA dealer base. Premiums are billed on a yearly basis. Your credit insurance should exceed the equivalent of one months purchases.

To enroll, please fill in the following:

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

D&B # (if known): _____

Amount of Coverage Requested: \$ _____

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____