Print Form

VIDAR systems corporation
The Image of Reliability

Reseller Application

Credit Application

Please enclose any other related documents that will be helpful in our review.

☐ Non-Profit ☐ Corporation ☐ Partnership ☐ Proprietorship

Company Legal Name:

Phone Number: **FAX Number:**

Email Address: **Company URL:**

Mailing Address:

City: **State:** **Zip Code:**

Shipping Address:

City: **State:** **Zip Code:**

If subsidiary, please provide the legal name, address, and phone number of your parent company

Parent Company Name:

Phone Number: **FAX Number:**

Email Address: **Company URL:**

Mailing Address:

City: **State:** **Zip Code:**

Company D&B Number: **Does company operate under another name?**

VIDAR Systems Corporation 365 Herndon Parkway Herndon, VA 20170 703-471-7070 (P) 703-471-7665 (Fax)

www.filmdigitizer.com

If your company operates under another name, please indicate that name here.

Please list Owner(s), Partners, and/or Principal Officers below

Name: **Title:**

Name: **Title:**

Name: **Title:**

Please supply the following information:

Year company established: **Years at present location:**

Are you tax exempt: **If so, list tax exempt number:**

Please note: A Resale Certificate must accompany application

Bank References:

List at least two bank references with depository/master account numbers. Any missing information may cause a delay in processing time. **(Important: please post accurate bank account numbers.)**

Bank Name: **Account Number:**

Phone Number: **FAX Number:**

Mailing Address:

City: **State:** **Zip Code:**

Bank Name: **Account Number:**

Phone Number: **FAX Number:**

Mailing Address:

City: **State:** **Zip Code:**

Trade References:

List three computer trade references and the products/services purchased for each. Any missing information may cause a delay in processing time.

Name: | **Account Number:**

Phone Number: | **FAX Number:**

Mailing Address:

City: | **State:** | **Zip Code:**

Contact Name:

Product/Services Purchased:

Name: | **Account Number:**

Phone Number: | **FAX Number:**

Mailing Address:

City: | **State:** | **Zip Code:**

Contact Name:

Product/Services Purchased:

Name: | **Account Number:**

Phone Number: | **FAX Number:**

Mailing Address:

City: | **State:** | **Zip Code:**

Contact Name:

Product/Services Purchased

Parties hereby agree that all purchases made are subject to the following payment agreement, terms, and conditions:

1. Reseller hereby agrees to pay service charges on past-due accounts. These service charges will accrue at a rate of 1-1/2% per month (18% annum).

2. Reseller hereby agrees to pay, in the event his account becomes deliquent and is turned over to an attorney for collection, reasonable attorney's fees plus all court and attendant collection costs.

Responsible Party:

Name: **Title:**

Please print

Signature:

Date:

Company Business Profile

Markets Served/Applications Offered: Please indicate all of the markets you currently serve from most to least important markets since you began service to this market.

Importance	Market/Application	# of Solutions Sold	Solutions Sold Since (Year)

Do you develop software you want to integrate to the VIDAR medical film digitizer? Yes No

Are you currently an authorized/trained reseller of software for the VIDAR medical film digitizer? Yes No

What software? What Product?

Number of years selling this software? Number of installations?

Will you require software to run the VIDAR medical film digitizer? Yes No

Channel:

What % of dollars reflect sales to end users?

What % of dollars reflect indirect sales to Systems Integrators who sell to end users?

How many film digitizers have you sold in the last 12 months?

How many film digitizers do you anticipate selling in the next 12 months?

In what state, region, or country would you like to provide VIDAR medical film digitizers?

Support:

What is the number of service technicians in your company?

How many of your service technicians are dedicated to DICOM networks/products?

What hours do you currently offer customer support?

Is your company able to provide basic installation, integration, operator training, and first-line trouble shooting support for the film digitizing solutions you sell? Yes No

Is your company willing to purchase (at a special price) a digitizer for use as a demonstration/service hot swap unit to support your customers while their unit is being repaired or on an exchange basis? Yes No

Partners: Please list major medical imaging company partners and length of relationship:

Partner	Length of Relationship

Key Contacts: Please provide contact information for the following personnel:

Businss Development/Contracts
Name & Title

Email Address Phone Number

Accounts Payable
Name & Title

Email Address Phone Number

Technical (Devlopment/DICOM)
Name & Title

Email Address Phone Number

Support/Service
Name & Title

Email Address Phone Number