



CamSight Domestic Dealer Application

Contact Information

Name: _____ Title: _____

Address: _____

Email: _____ Telephone: _____

Company Information

Company Name: _____

Website: _____ Territory: _____

How long company is in business: _____ Years

Annual Gross Sales (Last 3 yrs) : USD\$ _____

USD\$ _____

USD\$ _____

Number of Locations: _____ Total Employees: _____ / _____
Sales Service

Products

List major products that your company sells/represent:

Product	Company	Year Initiated

About Your Company

Please describe your business briefly: _____

Bank Information

Name of Bank: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Contact: _____

Products

Please check which type of category your major selling product(s) are in:

Equipment Supply Both

Products (Equipment)

List the products that your company sells/represents in order starting with the major products first.

Product	Company	Year Initiated

Products (Supplies)

List the products that your company sells/represents in order starting with the major products first.

Product	Company	Year Initiated

About Your Company

Please describe your business: _____

BUSINESS SALES TYPE:

D&B Listing Yes No Rating DUNS #: _____

Business References

List two business references that we may contact regarding the information that you have supplied on this application:

Name: _____ Company _____

Telephone: _____ Fax: _____ Email: _____

Name: _____ Company _____

Telephone: _____ Fax: _____ Email: _____

** By signing this application, you are certifying that all information mentioned above is true and correct.*

Signature

Date

Name

Title

** Please complete the application and send it to Ms. Francis Yi via e-mail at fy@camsight.com.*

Credit Rating Form

To: _____ (Bank)

For: _____ (Vendor)

Account No.: _____

I, the undersigned, hereby authorize you to release requested information to CamSight Co., Inc.



Vendor Authorized Signature

Date

(below to be completed by financial institution)

TO WHOM IT MAY CONCERN:

We are requesting the following information for the above vendor's account.

Opened date: _____

Average Balance: \$ _____

Outstanding Loans(if any): \$ _____

Your prompt response will be greatly appreciated. If any questions, please feel free to contact us.

Authorized Signature

Date

RESALE CERTIFICATE

(Name of Purchaser)

(Address of Purchaser)

I HEREBY CERTIFY: That I hold valid seller's permit No. _____ issued pursuant to the Sales and Use Tax Law: That I am engaged in the business of selling

that the tangible personal property described herein which I shall purchase from:

will be resold by me in the form of tangible personal property: provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount.
Description of property to be purchased:

Date: _____

(Signature of Purchaser or Authorized Agent)

(Title)