

AUTHORIZED DEALER APPLICATION FORM

| | | |
|---|------------|-------------------|
| Company Name | | |
| DBA | | |
| Address | | |
| City | State/Prov | Postal Code |
| Country | Tel | Fax |
| Company Principal(s) | | |
| Purchasing Mgr. | | Accounting Mgr. |
| Tax Resale # | State/Prov | Years In Business |
| Number Of Branches (Important: Attach locations/Managers names for dealer listing) | | |
| Applying for: <input type="checkbox"/> Open Account <input type="checkbox"/> C.O.D. Account <input type="checkbox"/> Authorized Dealer Status | | |

PRINCIPAL BUSINESS DESCRIPTION

| | |
|---|---|
| <input type="checkbox"/> Professional/Industrial Video Dealer <input type="checkbox"/> Computer Graphics/Multi-Media Dealer/VAR <input type="checkbox"/> Photo/Video Retailer <input type="checkbox"/> Consumer Electronics Retailer <input type="checkbox"/> Foreign Importer/Distributor or Dealer <input type="checkbox"/> U.S. based Exporter <input type="checkbox"/> Other (Describe) _____ | Mail Order <input type="checkbox"/> Yes <input type="checkbox"/> No Key Authorized VCR/Camcorder Lines _____ Key Authorized Desktop Video/Multi-Media Lines _____ |
|---|---|

BANK REFERENCES

| | |
|-----------|-----------------|
| Bank Name | Contact |
| Address | |
| Tel | Fax |
| Account # | Type of Account |
| Account # | Type of Account |

| | |
|-----------|-----------------|
| Bank Name | Contact |
| Address | |
| Tel | Fax |
| Account # | Type of Account |
| Account # | Type of Account |

TRADE REFERENCES

| | | |
|--------------|-------------|---------|
| Company Name | | |
| Address | | City |
| State/Prov | Postal Code | Country |
| Tel | Fax | |
| Contact | Account # | |

| | | |
|--------------|-------------|---------|
| Company Name | | |
| Address | | City |
| State/Prov | Postal Code | Country |
| Tel | Fax | |
| Contact | Account # | |

| | | |
|--------------|-------------|-----------|
| Company Name | | |
| Address | | City |
| State/Prov | Postal Code | Country |
| Tel | | Fax |
| Contact | | Account # |

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|--------------|-------------|-----------|
| Company Name | | |
| Address | | City |
| State/Prov | Postal Code | Country |
| Tel | | Fax |
| Contact | | Account # |

MAILING LIST ENTRIES

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|---|
| The following staff should receive mailings/updates: (include addresses if different) |
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I, the undersigned, hereby warrant and represent that all information provided herein is true and accurate to the best of my knowledge. I authorize FutureVideo to make any and all enquiries necessary for action on this dealer application. I hereby authorize my bank and the above credit references to release information regarding my company's credit worthiness and financial condition. I also agree to abide by the provisions of FutureVideo's Authorized Dealer or Export Program. I am an officer of the company.

| | |
|-------|-----------|
| Name | Signature |
| Title | Date |

For FutureVideo Use

Fax or mail application form to:
FutureVideo
 FutureVideo Products, Inc.
 PO Box 6251
 Laguna Niguel, California 92607-6251 USA
 Tel: (949) 363-1286 Fax: (949) 363-9461

| |
|-------------|
| Approved By |
| Date |
| CL |
| Terr |