

Tingle X-Ray, LLC - 5481 Skyland Blvd. E. - Cottdale, AL 35453 - Phone 205-556-3803 - Fax 205-556-3824

Dealer Application Package

Dear Valued Dealer:

Welcome to the TXR family and we thank you in advance for your support and promotion of the TXR portfolio of products.

To allow us to meet the requirements of various regulatory bodies, establish your master customer file, and establish a credit line we ask that you complete and return the following documents that are hereto attached.

- TXR Dealer Application
- Bank Verification Form
- Sales Tax Resale Certificate Verification Form
- FDA & CE Product Traceability Agreement

To prevent any delay in processing your orders please complete all forms promptly and fax them to 205-556-3824 or scan & email them to sales@txr.com.

We look forward to a long and mutually beneficial relationship with your company and stand ready to support and assist you.

The TXR Team

Sales Tax Resale Certificate Verification

Company Name: _____

Address: _____

City, State, Zip: _____

Please check the box below that applies to your company's Sales Tax status.

- Our company is in a State that has a Sales Tax requirement and we are registered with the proper authority and possess a current Resale Certificate that is being provided. *Please attach a copy of your current Resale Certificate.*

- Our company is in a State that does not have a Sales Tax requirement. Therefore no State Sales Tax Authority or Resale Certificates exist.

I certify that the above statement associated with the box checked is true and correct; and that all purchases from TXR shall be for resale.

Signature

Date

Printed Name

Dealer/Customer Application

Company Name
Contact

Primary

Address
Contact)

Email Address (for Primary

City State Zip
Officer

President or Senior

Shipping Address (if different than mailing)

Sales Manager

City State Zip
Manager

Service

Telephone Number

Accounting Manager or Controller

Fax Number
Employees

Number of Full-Time

Annual Sales Volume

Sales Service

Geographic Coverage Area
Number

Resale Number Federal ID

Sales Mix:

% New Equipment
Consumables

% Used Equipment

% Service

%

Imaging Modalities:

% CR

% CCD/DR

% Film

Markets Served:

% GP, Ortho, Clinic

% Chiro

% Vet

Equipment Manufacturers Represented:

1 _____

2 _____

**Other Major Manufacturers
Represented:**

1 _____ 2 _____

**Competitors in Area: (Company Name/Competitive
Product)**

1 _____ 2 _____

**Credit References: (List the 3
Largest)**

COMPANY	CITY	STATE	PHONE	FAX
COMPANY	CITY	STATE	PHONE	FAX
COMPANY	CITY	STATE	PHONE	FAX

Bank Reference:

Name of Bank			Telephone	Fax
Address Representative			Name of Account	
City Number	State	Zip	Account	

Comments:

Undersigned authorizes TXR to contact vendors and financial references for the sole purpose of obtaining information relevant to disposition of this application for credit. I further understand that all information obtained by TXR will be kept in the strictest confidence. If open account is established, I further agree to pay all reasonable costs of collection including attorney's fees incurred by TXR in collection of any amounts owed TXR by applicant.

Printed Name

Signature

Date

**PLEASE ATTACH CURRENT BALANCE SHEET AND INCOME
STATEMENT**

Dealer Bank Reference Information

Bank Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Checking Account # _____

Date Opened: _____

Low Account Balance: \$ _____

Average Account Balance: \$ _____

High Account Balance: \$ _____

Saving Account # _____

Date Opened: _____

Low Account Balance: \$ _____

Average Account Balance: \$ _____

High Account Balance: \$ _____

Credit Experience

Installment Loans

Commercial Loans

Date Opened: _____

High Credit: _____

High Credit: _____

Balance: _____

Payments: _____

Collateral: _____

Balance: _____

Collateral: _____

Comments:

Undersigned authorizes the bank named above to release the above limited information to TXR. I further understand that all information obtained by TXR will be kept in the strictest confidence.

Printed Name

Signature

Date

