



N-Vision Optics, LLC Dealer Set-up Forms

Please complete, sign and return all pages to:

Fax: 781-583-9981

Mail: N-Vision Optics

220 Reservoir Street, Suite 26

Needham, MA 02494

Billing Address		Shipping Address	
Company Name		Company Name	
Contact Name		Contact Name	
Address		Address	
City, State, Zip		City, State, Zip	
Phone	Fax	Phone	Fax
Email		Email	
General Information			
Principal/Owner		E-mail	Phone & Ext
Accounts Payable		E-mail	Phone & Ext
Type of Company		D&B Number	Date company was formed
Bank Information			
Bank Name		Contact Name	Phone & Ext Fax
Address		City, State, Zip	Account Number
Trade References			
Company Name		Contact Name	Phone Fax
Address		Email	
Company Name		Contact Name	Phone Fax
Address		Email	
Company Name		Contact Name	Phone Fax
Address		Email	
Credit Card on File (required)			
Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		Credit Card Number	
Expiration Date	Security Code	Name on Card	Billing Zip Code
Acceptance & Approval			
By signing this document you accept the terms and conditions stated above and authorize N-Vision Optics, LLC to make inquires necessary to process the Credit Application			
Name of Authorized Representative		Title	
Signature		Date	



Congratulations on becoming a new N-Vision Dealer/Reseller! We would like to thank you for adding N-Vision to your product line. We promise to supply you with high quality night vision devices and we will work hard to earn your continued business.

Terms of Sale:

N-Vision Optics, LLC believes in equal treatment and opportunity for all dealers. Our policy is to strictly enforce our MAP (Minimum Advertising Price) pricing. No dealer/reseller can advertise N-Vision products for less than MAP either in printed or on-line formats without the written consent of an authorized N-Vision Optics' representative. Any violation of this policy will result in suspension of shipments or termination of an account with N-Vision Optics, LLC. This policy pertains to media advertising, print, internet or any other published advertising and will not be enforced for any other form of sale.

Payment Terms

Dealer will pay N-Vision Optics in accordance with N-Vision Optics' proposal, quotation, invoice and/or order acknowledgement in U.S. funds within 30 days, conditioned on approved credit, after the date of N-Vision Optics' invoice. If the dealer does not pay N-Vision Optics on the agreed dates of payment, dealer shall pay interest to N-Vision Optics on overdue amounts at a rate of 1.5% of the unpaid balance monthly. In addition to charging interest on unpaid balance, N-Vision Optics may cancel or reschedule deliver of future orders if dealer is in default of payments or any other material term of this Contract.

Warranty and Return Policy:

Please keep a copy of your invoice for warranty purposes. Please refer to N-Vision Optics, LLC invoice number when sending items for warranty repair. All warranty claims must go through N-Vision Optics, LLC for validation and authorization prior to shipment. Unauthorized returns will not be processed. Return authorizations (RA numbers) are required for all returns. Please write your RA number on the outside packaging. Returns without RA number will not be accepted. Items returned within 10 days of purchase will receive a full refund upon inspection, less shipping costs. Returns after 10 days will be subject to 20% restocking fee. No returns will be accepted after 30 days.

Night Vision Export Disclaimer:

Export of night vision and thermal imaging equipment and related accessories is controlled by Office of Munitions Control, US Department of State and is subject to the International Traffic in Arms Regulations per title 22, code of Federal Regulations (CFR), Parts 120-130. Shipment without proper licensing or consent is strictly prohibited.

Applicable Law

This Agreement shall be governed by the law of the State of Massachusetts, exclusive of its conflicts of law principles. Any disputes arising out of this Agreement that cannot be informally resolved shall be adjudicated exclusively in Norfolk County, Massachusetts, in any court of competent jurisdiction.

Company		Title	
Signature	Print Name		Date

EXPORT STATEMENT OF UNDERSTANDING



I, _____ being an official principal of the company identified bellow (hereinafter referred as Company) am aware that Export of U.S. manufactured night vision and thermal imaging equipment and related accessories is strictly prohibited without a valid export license issued by the U.S. Department of State Office of Defense Trade Controls, in accordance with International Traffic in Arms (ITAR), Title 22, Code of Federal Regulations Part 120-130, and/or the U.S. Department of Commerce. For further information contact the Office of Defense Trade Control @ (202) 663-1282 and / or the U.S. Department of Commerce.

It is specifically acknowledged by Company that Company is fully aware of these export restrictions, and that Company understands that N-Vision Optics, LLC shall not be the exporter, either directly or indirectly, of any items on behalf of Company. N-Vision Optics does not export and will not assist directly or indirectly with the export of night vision and/or thermal imaging product or related accessories purchased by the Company. Company specifically acknowledges that it will not hold N-Vision Optics, LLC responsible for any expense, loss, or legal action resulting from any violation of United States laws or regulations governing the export of night vision systems or components.

Company	Address
City, State, Zip	Phone Fax
Signature	Name Title



Bank Authorization and Inquiry

Date: _____

Bank Name:	Contact:
Address:	Phone:
City/State:	Fax:

Dear Bank Officer,

We are authorizing the bank to release information on our accounts: Outstanding credit line, payment history, and general checking/savings information, to N-Vision Optics, LLC to be used explicitly for the establishment of an open account and/or credit line. This information will be kept in strict confidence.

Signature: _____

Print Name: _____

Title: _____

Company: _____

Bank Account No: _____

The above customer is applying for a credit line with us and has given your bank as a reference. Kindly provide us with the following information and fax this form back to us at 781-583-9981.

In order to expedite pending orders, please respond to this request within the next 3 days.

For any questions, please feel free to call me at 781-505-8360.

Credit Loan/Line of Credit:

Customer From: _____ To: _____

Loan/Credit Line : Yes No If yes, Loan/Line Limit: _____

Loan/Line Terms: _____ Amount Currently Outstanding: _____

Amount Pas Due: _____ Satisfactory: _____ Non-satisfactory: _____

Checking/Savings:

Checking TYD Average Balance: _____ NSF Checks: _____

Savings YTD Average Balance: _____ General Credit Rating: _____

Comments/Remarks:

Please be assured that this information will be held in strict confidence and that we will be glad to reciprocate in writing, should the occasion arise. If you have any questions regarding this request, feel free to contact me at the bellow number.

Credit Department
N-Vision Optics LLC