

Date: \_\_\_\_\_

Salesperson: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Name of Owner(s) : \_\_\_\_\_

Address: Bill to: \_\_\_\_\_ Ship to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Business Type:  Sole Proprietorship  Corporation  Partnership

Sales Tax Status:  Charge Tax  Resale  Tax Exempt

Federal Tax ID #: \_\_\_\_\_ (please attach license / certificate)

X-Ray Film Volume \$ \_\_\_\_\_ (per month estimate)

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**UMG Dealership Statement**

Dealership agrees that all UMG / Fuji medical products will not be sold or provided to any hospital.

Non-compliance of this written statement / condition may result in termination of the UMG dealer agreement. UMG reserves the right to terminate any and all assigned UMG dealerships at its own discretion.

Please sign below to acknowledge that you have read and understand the above statements / conditions.

Name of Dealership: \_\_\_\_\_

Name of Signer: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

					Salesperson			Date		
<b>Business</b>	Legal Business Name									
	Street Address						Fax			
	City - State - Zip						Telephone Number			
	Circle One Sole Prop.    Partnership    Corporation				Presentl U.M.G. Customer Yes    No		D & B Rating			
	Year Established	Estimated Monthly Purchases		Parent Company Affiliation			No. of Employees			
<b>Owner, or Chief Officers</b>	Name				Name					
	Title			Social Security No.		Title		Social Security No.		
	Home Street Address			Fax Number		Home Street Address		Fax Number		
	City - State - Zip			Telephone Number		City - State - Zip		Telephone Number		
<b>Business References</b>				<b>Office Use Only - Do Not Complete</b>						
Name		Account #		How Long Sold	Last Sale Date	Recent High Credit	Now Owe	Amt. Past Due	Terms of Sale	Payment Record
							\$	\$		
Street Address				Comments						
City - State - Zip		Phone #								
Individual to Contact		Fax Number								
Name		Account #		How Long Sold	Last Sale Date	Recent High Credit	Now Owe	Amt. Past Due	Terms of Sale	Payment Record
							\$	\$		
Street Address				Comments						
City - State - Zip		Phone #								
Individual to Contact		Fax Number								
Name		Account #		How Long Sold	Last Sale Date	Recent High Credit	Now Owe	Amt. Past Due	Terms of Sale	Payment Record
							\$	\$		
Street Address				Comments						
City - State - Zip		Phone #								
Individual to Contact		Fax Number								
<b>Bank Reference</b>				<b>Checking Account</b>			<b>Loan Experience</b>			
Name				Cust Since	Avg. Balance	N.S.F. Checks Yes    No		Date	Amount	Payment Record
Street Address		Phone #		Comments						
City - State - Zip		Fax Number								
Loan Officer		Checking Account Number								

Please fax completed application to: (914) 835-6111