

MAXANT DEALER AGREEMENT (web version)

I. SALES TERMS AND CONDITIONS:

MAXANT Sales Terms and Conditions as they relate to MAXANT dealers can be found on the back of each MAXANT product price list in our catalog. Please review those terms and conditions carefully. The first purchase order with MAXANT is always cash-in-advance.

II. DEALER DISCOUNT STRUCTURE:

MAXANT'S Dealer Discount Program is based on sales volume achievements for the six-month periods of January through June and July through December of any calendar year. All new MAXANT dealers will receive a standard dealer discount off MAXANT'S suggested list prices as outlined in our catalog until a specific sales target is reached within either the above six month periods. At that time, an additional discount will be applied to all purchases from MAXANT for the balance of the six-month period during which the targeted sales level was achieved and also for the subsequent six-month period. This discount shall remain in effect for all dealers who maintain the targeted sales level in each of the six-month periods. If sales fall below the targeted sales level, that dealer's discount will return to the standard level as of the beginning of the next six-month period.

Dealer discounts are based on invoiced amounts actually paid to MAXANT within any six-month period.

III. PRODUCT PROMOTION:

MAXANT dealers agree to promote MAXANT products preferably by displaying MAXANT products in their dealership facility, but also through the distribution of and explanation (where appropriate) of MAXANT product literature. We will look forward to working with you to assist in addressing the most advantageous ways in which our products can be promoted.

IV. PRODUCT SERVICING:

MAXANT dealers agree to service MAXANT products, both warranty repair and other services. MAXANT will assist MAXANT dealers in any servicing issues which they may have relating to our products.

AGREED TO AND ACCEPTED BY:

COMPANY: _____

BY: _____

TITLE: _____

DATE: _____

DEALER INFORMATION QUESTIONNAIRE

Name: _____

Address: _____

City, State, Zip: _____

Phone _____ Fax: _____

Please list on a separate sheet the name, address, phone & contacts of any contacts of your subsidiaries who deal with radiology equipment.

2. **TERRITORY COVERED**

States: _____

Cities: _____

Zip Codes: Please indicate first three digits of zip-code-this will be especially helpful with referrals

3. **DEALER SALES BREAKDOWN**

<i>Product Line</i>	<i>Est % of Annual Sales Generated</i>
Radiology: X-Ray Equipment	_____
Radiology: X-Ray Accessories	_____
Medical Surgical	_____
Home Health Care	_____
Dental	_____
Veterinary	_____
Chiropractic	_____
Osteopathic	_____
Film	_____
Other (specific)	_____

4. **Anticipated Annual Sales (in dollars) of X-Ray Equipment:**

(a) Illuminators \$ _____

(b) Lead Aprons, Gloves, Positioning Aids \$ _____

(c) Other x-ray accessories or products for which you feel there is a market need:

Please list products

Thank you for taking the time to read over & respond to this questionnaire.

CREDIT INFORMATION REQUEST

Date: _____ *Firm Name:* _____

Name of parent company if subsidiary: _____

Proprietor or partner's names: _____

Accounts payable manager's name: _____

Street address: _____

City: _____ *State:* _____ *Zip:* _____

Phone: _____ *Fax:* _____

Kind of business: _____

At present location since (date): _____

Is business incorporated? Yes No

If so, under laws of what state? _____

Please circle basis on which you usually pay merchandise bills:

Discount 30days 60 days 90 days

REFERENCES(GIVE ONLY NAMES YOU BUY FROM ON OPEN ACCOUNT)

NAME; _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

NAME; _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

NAME; _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

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WHERE DO YOU BANK

NAME; _____ ACCT# _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Member of Firm: _____

I _____, OF _____
(Name and Title) (Company Name)

authorize the release of financial information regarding my account number

Please forward this information to Maxant Technologies upon their request.

Signature: _____

Date: _____