



Application for Open Credit

Name of Firm: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____

Tel: _____ Fax: _____

Dun and Bradstreet# _____ E-mail address: _____

Officers or Owners of Firm:

1. _____ Title: _____

2. _____ Title: _____

Sole Owner, please complete this section:

Name: _____

Home Address: _____

City: _____ State: _____

Zip: _____

Home Tel: _____

Year Established: _____ Business Incorporated? Yes _____ No _____

Primary Banking

Bank _____ Affiliation: _____
Address: _____

Tel: _____ Fax: _____

Bankers _____ Contact: _____
Acct#: _____

Loan Acct#: _____ Personal Acct#: _____

I authorize Vicon Industries Inc. to obtain credit information for Officers, Partners or Owner(s). I (we) consent that you may release credit information relative to my account, as named above, to Vicon Industries Inc.

Name (Print): _____

Title: _____ Signature: _____



Trade References (3 required, preferably within Security Industry)

1. Name: _____ Tel: _____ Fax: _____

Address: _____

Acct# _____

2. Name: _____ Tel: _____ Fax: _____

Address: _____

Acct# _____

3. Name: _____ Tel: _____ Fax: _____

Address: _____

Acct# _____

Maximum credit being applied for: \$ _____

Please furnish a copy of your Resale or Tax Exemption Certificate. (Without this copy, you will be charged Sales Tax.) For credit lines of \$25,000.00 or more, please furnish a copy of your latest Financial Statement. Credit cannot be established without this information.

Terms: Net 30 days. FOB Hauppauge, New York

Disclosure Statement:

All invoices are due on a net 30 day basis. We understand and agree that Vicon Industries Inc. has our permission to conduct a credit investigation including, but not limited to, bank and trade references and credit bureaus. If this account goes out of terms, we agree that Vicon Industries Inc. may assess us, and we agree to pay reasonable late charges (not to exceed 2% per month as permitted by law), attorney fees, collection agency fees and other costs associated with their collection efforts. The laws of the State of New York shall govern our relationship.

In consideration of Vicon Industries Inc. extending credit to the Company shown on this application, the undersigned jointly and severally agree to be personally liable for the payment of any amounts owing to Vicon Industries Inc.

By: (Signature) _____ Title _____

Date: _____



Customer Profile:

Business Name: _____

Owner: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

Email: _____

Website Address: _____

Number of Employees: _____ Number of CCTV Sales People: _____

Years in Business: _____

Dealer Contact (Name and Title) _____

Dealer Manager (Name and Title) _____

End-User Orientation: _____

Description of Dealer's Business: _____

Present Video Supplier: _____