



10811 Shoemaker Ave. • Santa Fe Springs, CA • 90670

Tel: 562-428-0200 • Fax: 562-428-0300 • [www.scansysinc.com](http://www.scansysinc.com) • [sales@scansysinc.com](mailto:sales@scansysinc.com)

## Account Application

\_\_\_\_\_  
Legal Business Name (must match business license)

\_\_\_\_\_  
President (CEO)

\_\_\_\_\_  
DBA (Doing Business As)

\_\_\_\_\_  
Authorized Purchasing Agent

\_\_\_\_\_  
Shipping / Billing Address (NO PO Boxes)

\_\_\_\_\_  
Authorized Purchasing Agent

\_\_\_\_\_  
City

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Accounts Payable Contact

\_\_\_\_\_  
Business Phone #

\_\_\_\_\_  
Accounts Payable E-mail

\_\_\_\_\_  
Business Fax #

\_\_\_\_\_  
Website

\_\_\_\_\_  
This Company is a (please check one that applies)

Sole Proprietorship

Partnership

LLC

Corporation

\_\_\_\_\_  
Federal Tax ID#

\_\_\_\_\_  
Duns & Bradstreet #

\_\_\_\_\_  
Date Business Was Founded

\_\_\_\_\_  
Annual Sales Volume

\_\_\_\_\_  
Length of time at Current address

\_\_\_\_\_  
Products of Interest



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## CREDIT CARD AUTHORIZATIONS FORM

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

Company Name: \_\_\_\_\_

Customer Name: \_\_\_\_\_

I, \_\_\_\_\_ HEREBY AUTHORIZE "SCANSYS, INC" TO CHARGE MY CREDIT CARD FOR THE PURCHASE OF ANY PRODUCTS AND SERVICES SUBMITTED BY "SCANSYS, INC" PLACED BY MYSELF, MY COMPANY, ITS PRINCIPALS, AND/OR ITS REPRESENTATIVES. THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND IS CONSIDERED CONFIDENTIAL. I ACCEPT THE TERMS AND CONDITIONS SET FORTH IN THE CORRESPONDING CREDIT CARD AGREEMENT AND THE "SCANSYS, INC" TERMS AND CONDITION OF SALE.

CREDIT CARD TYPE (please mark one)      VISA      MASTER      AMEX      DISC

ACCOUNT NUMBER: \_\_\_\_\_

CARD IDENTIFICATION NUMBER (CID): \_\_\_\_\_

3 or 4 digit printed number, not embossed, on the back of the card after the printed card number.

CARDHOLDER NAME: \_\_\_\_\_

Exactly what appears on the card

EXPERATION DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CREDIT CARD BILLING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

CARD HOLDER'S PHONE NUMBER: \_\_\_\_\_

CARD HOLDER'S FAX NUMBER: \_\_\_\_\_

CARD HOLDER'S SIGNATURE: \_\_\_\_\_

Please attach copies of front and back of Credit Card and Driver's License of Cardholder.



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## Credit Terms / Guarantee

### Payment Terms:

In consideration of your supplying products on open account credit terms, it is understood this account is to be paid in full according to your term agreement. I agree that if I should fail to fulfill any of the obligations under the credit agreement, fail to comply with any payment terms, or in the event any check is dishonored by Scansys CCTV, Inc. bank for any reason, or trade / acceptance not to be paid when due, then the entire balance owing on this account will become due and immediately payable and all services changes legally applied to the indebtedness due.

### Personal Guarantee:

I / We agree to bind myself / ourselves that I / we will personally guarantee payment of this account. The guarantor(s) hereby agree to pay all purchases within the payment terms and to pay an added service charge of 10% per annum (0.027% daily after past due) on all delinquent invoices or portion thereof until paid (or the legal maximum allowed in the buyer's state). The guarantor(s) further agree that if the account is placed in the hands of an attorney for collection or collection agency due to a past due condition, the guarantor(s) hereby agree to pay all collection fees and / or attorney fees plus court costs (if applicable). These terms and conditions shall be governed by and construed in accordance with the laws of California.

The Undersigned hereby agrees to the above terms and conditions of sale and certifies that the information submitted is true and correct and the information furnished is a true and accurate statement of the financial condition of the company as of the undersigned date. The undersigned also authorizes the list of suppliers and banking references to respond fully when SCANSYS Inc contacts them in connection with this Application of Credit.

\_\_\_\_\_  
Printed Name of Guarantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Guarantor Home Address

\_\_\_\_\_  
SS#

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Printed Name of Guarantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Guarantor Home Address

\_\_\_\_\_  
SS#

\_\_\_\_\_  
City, State, Zip



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## TERMS & CONDITIONS OF SALE

**Terms:** Standard payment terms are C.O.D. Money Order or PREPAID unless prior arrangements have been made. No orders will be shipped to past due accounts. Delinquent accounts will be subject to a 10% Per Annum finance charge (0.027% daily after past due) plus collection and legal costs if incurred. Title to the product will not pass to Customer until said product is paid in full. All shipping, handling, labor & service fees are non-refundable. \$20.00 fee will be applied to all returned checks. These terms and conditions are governed by and construed in accordance with the laws of the State of California. The venue for any disputes under these terms and conditions is Los Angeles County, California.

**Orders and Cancellations:** Customer may place orders by telephone, fax or e-mail. Once the order is placed, customer is bound to this agreement. Orders placed with the amount less than \$50 per shipment is subject to a \$3.50 handling fee. If any portion of the purchase shall be cancelled, customer shall pay SCANSYS all cost already rendered to fulfill Buyer's initial commitment to Seller. This fee includes, but not limit to, the cost of any goods or services already in process, and a reasonable allowance for overhead and profit, and all shipping fees already incurred. Non-pickup COD packages, customer agrees to pay all shipping fees, plus 10% restocking fee. Special order or custom make products are not returnable. Discontinue, closeout, clearance sales are final, absolutely no return or exchange.

**Shipping:** UPS is the primary shipping method, unless specified otherwise. All freight charges, and appropriate handling charges (when applicable) will be added to the final invoice. Purchaser assumes full risk for the loss or damage in transit. For UPS or freight line shortages or damages, customer must contact the shipper and hold damaged goods for inspector. Most orders can be shipped within 24 hours. Orders including items not requiring additional configurations and/or testing must be placed before 3pm (Pacific Standard Time) to be shipped within the same business day. PC systems require a 24-72 hrs build/burn-in window before shipment. In no circumstance shall SCANSYS have any liability for loss of use or for any incidental or consequential damages dues to change of delivery schedule.

**Product Warranty:** All products sold by SCANSYS carries a standard one (1) year manufacturer warranty, unless noted otherwise. SCANSYS has the sole responsibility for granting the equivalent product within such period from the date of purchase.

**Limitation of Liability:** Materials provided by SCANSYS are for general information only; we are not responsible for any typographical errors. SCANSYS reserves the right to make changes on specifications and prices to any product without prior notices. SCANSYS reserves the right to discontinue any products without notice. Product warranty will be voided if the following losses or damages are identified:

1. Shipping or improper installation or maintenance.
2. Physical abuse, misuse, neglect or improper voltage supply, lightning damage, power line surge.
3. Any repair, modification, adjustment, or installation of option/parts by anyone other than SCANSYS.

**Return Merchandise Authorization (RMA) policy:**

1. Please consult our technical support staff prior to requesting for a Return Merchandise Authorization. No returned merchandise will be accepted without a valid SCANSYS Inc. RMA number.
2. RMA number is valid for 15 business days from the issued date.
3. All returned merchandise must be shipped back to our address within 14 days from the invoice date, enclosed with a copy of the invoice and RMA number clearly marked on the mailing label. Absolutely no refunds.
4. In order to obtain full credit refund, all items must be shipped back to SCANSYS within two (2) weeks from the invoice date, in original condition. After two (2) weeks all returns are subject to a 25% restocking fee. After thirty (30) days buyer is allowed for merchandise exchange only. Items that have been installed will be subject to a 25% restocking fee only after the items have been inspected by a SCANSYS employee.
5. The returned merchandise must be shipped back prepaid. All C.O.D. packages will not be accepted.
6. Any material not received in re-salable condition will not be credited and will be returned to the customer at the purchaser's expense.
7. No cross-shipment is allowed. RMA items will be repaired or replaced at SCANSYS' discretion.

**Legal Costs:** The undersigned will agree that in the event it shall become necessary to file any action to enforce any of the terms of this contact, the unsuccessful party shall pay to the successful party all court costs, actual attorney's fees and all collection costs.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Bank Credit Inquiry Form

Please fill out and sign this form to submit to your bank for credit reference: Fax back to **562-428-0300**

Company Name / Contact	Bank Name
Address	Account #
City, State	Phone #
Zip Code	Fax #
Phone #	

The undersigned certifies that the above information, given for credit purposes, is true and correct and authorizes all parties to release all credit and financial information requested. All information shall remain strictly confidential.

Signature	Date
-----------	------

### For Bank Use Only:

Dear Bank Officer:  
 The above captioned company has listed your bank as a credit reference. Please help us make a fair decision by completing this form and returning by fax or mail at your earliest convenience. We appreciate your assistance in providing the following information. The information will be held strictly confidential. Thank you.

<u>Checking</u>	<u>Checking</u>	<u>Savings</u>	<u>Other:</u>
Account #: _____	_____	_____	_____
Open Date: _____	_____	_____	_____
Avg. Balance: _____	_____	_____	_____
Current Bal: _____	_____	_____	_____
Rating: _____	_____	_____	_____
Insufficient funds	Yes      No	If yes, how many times: _____	Amount: _____
Credit Limit: _____	Secured:      Yes      No		
Overall Rating of Customer:	Excellent      Good      Fair      Poor		
Comments: _____			
Prepared by: _____	Signature: _____		
Title: _____	Date: _____		



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## Trade References

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
 Date Established

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 State Zip Code

\_\_\_\_\_  
 Phone #

\_\_\_\_\_  
 Fax #

\_\_\_\_\_  
 Account #

\_\_\_\_\_  
 Contact

\_\_\_\_\_  
 Terms

\_\_\_\_\_  
 Credit Limit

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
 Date Established

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 State Zip Code

\_\_\_\_\_  
 Phone #

\_\_\_\_\_  
 Fax #

\_\_\_\_\_  
 Account #

\_\_\_\_\_  
 Contact

\_\_\_\_\_  
 Terms

\_\_\_\_\_  
 Credit Limit

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
 Date Established

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 State Zip Code

\_\_\_\_\_  
 Phone #

\_\_\_\_\_  
 Fax #

\_\_\_\_\_  
 Account #

\_\_\_\_\_  
 Contact

\_\_\_\_\_  
 Terms

\_\_\_\_\_  
 Credit Limit

**Internal Use Only**

Credit references verified by:	Date:
Credit Line approved:	
Approved by:	Date: