Tingle X-Ray, LLC - 5481 Skyland Blvd. E. - Cottondale, AL 35453 - Phone 205-556-3803 - Fax 205-556-3824

Dealer Application Package

Dear Valued Dealer:

Welcome to the TXR family and we thank you in advance for your support and promotion of the TXR portfolio of products.

To allow us to meet the requirements of various regulatory bodies, establish your master customer file, and establish a credit line we ask that you complete and return the following documents that are hereto attached.

- TXR Dealer Application
- Bank Verification Form
- Sales Tax Resale Certificate Verification Form
- FDA & CE Product Traceability Agreement

To prevent any delay in processing your orders please complete all forms promptly and fax them to 205-556-3824 or scan & email them to sales@txr.com.

We look forward to a long and mutually beneficial relationship with your company and stand ready to support and assist you.

The TXR Team

Tingle X-Ray, LLC - 5481 Skyland Blvd. E. - Cottondale, AL 35453 - Phone 205-556-3803 - Fax 205-556-3824

Sales Tax Resale Certificate Verification

Company Name: _____

Address: _____

City, State, Zip: _____

Please check the box below that applies to your company's Sales Tax status.

- □ Our company is in a State that has a Sales Tax requirement and we are registered with the proper authority and possess a current Resale Certificate that is being provided. *Please attach a copy of your current Resale Certificate.*

- □ Our company is in a State that does not have a Sales Tax requirement. Therefore no State Sales Tax Authority or Resale Certificates exist.

I certify that the above statement associated with the box checked is true and correct; and that all purchases from TXR shall be for resale.

_____ _____

Signature Date

_____

Printed Name

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Dealer/Customer Application

Company Name | **Primary Contact**

Address | **Email Address (for Primary Contact)**

City **State** **Zip** | **President or Senior Officer**

Shipping Address (if different than mailing) | **Sales Manager**

City **State** **Zip** | **Service Manager**

Telephone Number | **Accounting Manager or Controller**

Fax Number | **Number of Full-Time Employees**

Annual Sales Volume **Year Established** | **Sales** **Service**

Geographic Coverage Area | **Resale Number** **Federal ID No.**

Sales Mix:

% New Equipment **% Used Equipment** **% Service** **%** **Consumables**

Imaging Modalities:

% CR **% CCD/DR** **% Film**

Markets Served:

% GP, Ortho, Clinic **% Chiro** **% Vet**

Equipment Manufacturers Represented:

1_____ 2_____

Other Major Manufacturers Represented:

1_____ 2_____

Competitors in Area: (Company Name/Competitive Product)

1_____ 2_____

Credit References: (List the 3 Largest) – Please provide credit references of companies that do not manufacturer x-ray equipment, as competitors typically do not respond to our requests for credit experience.

COMPANY	CITY	STATE	PHONE	FAX
COMPANY	CITY	STATE	PHONE	FAX
COMPANY	CITY	STATE	PHONE	FAX

Bank Reference:

Name of Bank _____ Telephone _____ Fax _____

Address _____ Name of Account Representative _____

City _____ State _____ Zip _____ Account Number _____

Comments:

_____

_____

Undersigned authorizes TXR to contact vendors and financial references for the sole purpose of obtaining information relevant to disposition of this application for credit. I further understand that all information obtained by TXR will be kept in the strictest confidence. If open account is established, I further agree to pay all reasonable costs of collection including attorney's fees incurred by TXR in collection of any amounts owed TXR by applicant.

Printed Name _____

Signature _____ Date _____

PLEASE ATTACH CURRENT BALANCE SHEET AND INCOME STATEMENT

Tingle X-Ray, LLC - 5481 Skyland Blvd. E. - Cottondale, AL 35453 - Phone 205-556-3803 - Fax 205-556-3824

Dealer Bank Reference Information

Bank Name _____

Address _____

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

Phone: _____ **Fax:** _____

Checking Account # _____

Date Opened: _____

Low Account Balance: $_____

Average Account Balance: $_____

High Account Balance: $_____

Saving Account # _____

Date Opened: _____

Low Account Balance: $_____

Average Account Balance: $_____

High Account Balance: $_____

Credit Experience

Installment Loans

Date Opened: _____

High Credit: _____

Payments: _____

Balance: _____

Collateral: _____

Commercial Loans

High Credit: _____

Balance: _____

Collateral: _____

Comments:

_____

Undersigned authorizes the bank named above to release the above limited information to TXR. I further understand that all information obtained by TXR will be kept in the strictest confidence.

_____ _____

Printed Name **Signature** **Date**

Tingle X-Ray, LLC - 5481 Skyland Blvd. E. - Cottondale, AL 35453 - 205-556-3803

Customer/Dealer Agreement to Comply with FDA & ISO/CE Reporting Requirements

FDA Regulation 21 CFR 1002.40 and 1002.41 requires all dealers and distributors to provide the following information to ***TXR*** immediately upon transfer of ownership to their customer.

1. Name and mailing address of the purchaser to whom the product was transferred.
2. Identification and brand name of the product.
3. Model number and serial or other identification number of the product.
4. Date of sale, award, or lease.

21 CFR 1002.41 does allow the dealer or distributor to maintain this information in lieu of providing to ***TXR***. However, if the dealer or distributor makes this election they must declare this to ***TXR*** in writing.

To simplify compliance with these requirements please indicate below which option you choose by checking the appropriate box.

☐ We will forward a copy of Form FDA 2579, Assembler Report of Assembly of a Diagnostic X-ray System, indicating the location of all certified equipment purchased from ***TXR*** within 15 days of installation.

☐ We choose not to provide the information required by 21 CFR 1002.40 to ***TXR*** and will, in its place, comply with 21 CFR 1002.41 and maintain the information for a minimum of 5 years. We will provide this information to ***TXR*** immediately when advised by ***TXR*** or the Director, Center for Devices and Radiological Health, that such information is required for purposes of section 359 of the FDA Act.

Further, we agree that if we cease operations as a business we will provide such information as obtained pursuant to 1002.40 to ***TXR*** prior to ceasing business operations.

Due to the ISO 9001/13485 status and equipment being CE approved of some of our suppliers we are also required to have all of our customers agree to the below both FDA certified and non-certified equipment and both medical and non-medical applications:

Report to us all the information about possible incidents involving the device, regarding any deterioration in its characteristics and performances, as well as any inaccuracies in its documentation, which might lead to or might have led to the death of patient / user or a deterioration in his/her state of health. Your signature below attests to your agreement.

Company Name _____

_____ _____ _____

Signature Title Date

_____

Printed Name