



New Technology Investments, Inc.
 DBA: ScanOnline
 236 Market St., Suite 210
 Locust, NC 28097
 Email: sales@scanonline.com

Remit To:
 ScanOnline
 PO Box 2401
 Albemarle, NC 28002
 Phone: 704-983-1495
 Fax: 630-566-2392

Customer Profile

Company Legal Name: _____

Company Business Name: _____

Address: _____

City, State, Zip: _____

"Ship To" County: _____

Telephone Number: _____ Fax Number: _____

Main Contact: _____ Telephone: _____ E-Mail: _____

***REQUIRED - NO EXCEPTIONS**

*Accounts Payable Contact: _____ Telephone: _____

*E-Mail _____

Requested Line of Credit: _____ **TERMS: NET 30**

Tax Status: Taxable: *Non-Taxable: ReSeller:

**If status is Non-Taxable or ReSeller - Certificate of Exemption must be faxed along with profile.*

The credit limit granted to your company will remain in effect only as long as the status remains "current", which is defined as "not to exceed 15 days beyond payment terms". Should your account exceed the 15-day grace period, immediate payment must be made to maintain your assigned credit limit. If immediate payment cannot be made and your account balance falls into a 30-day delinquency status, interest of one and one half percent will begin accruing monthly, and the account will be placed on "hold" until payment is received. If your account is placed on "hold", no orders will be accepted on credit terms. Once an account reaches 60 days past due, the credit limit will be revoked and legal action will be taken. All legal fees associated with the action will be added to the balance owed.

Returns:

Request for returns must be authorized and made within 30 days of purchase. All returns must be in new condition, original boxes and wrappings, and contain all shipped documentation. Restocking Fees and/or Re-Boxing Fees may apply. Shipping is non-refundable. ***RMA Authorization will not be given for orders placed beyond 30 days of request.***

Payment Is To Be Remitted To: ScanOnline, PO Box 2401, Albemarle, NC 28002

I have read and accept the above stated terms:

_____ (Authorized Signer) _____ (Title)

_____ (Printed Name) _____ (Date)