

MOROVISION NIGHT VISION, INC.

CREDIT APPLICATION

Please remit completed original application:
 MOROVISION NIGHT VISION, INC.
 PO Box 342
 DANA POINT, CA 92629-0342
 PHONE: (949) 488 3855
 FAX : (949) 488 3361

Failure to fill in all blanks may delay processing.
 Application must be signed by owner or duly
 authorized officer or partner.

Fax completed Credit Application to:
(949) 488 3361

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Firm Name	Tel#
Parent Corp of DBA (Doing Business As)	Fax#
Purchasing Contact	E-Mail
Billing Address	DUNS#
City State	Zip
Type of Enterprise (check one) ()Corporation ()Partnership ()Proprietorship ()LLC	
Names of Principals and Titles	
Accounts Payable Contact	A/P Tel#
Date Business Started	Facilities Owned or Leased?
Principal Product Lines Carried	

Present Yearly Sales Volume:	<input type="checkbox"/> \$100,000 to \$500,000	<input type="checkbox"/> \$5,000,000 to \$10,000,000
<input type="checkbox"/> Under \$50,000	<input type="checkbox"/> \$500,000 to \$1,000,000	<input type="checkbox"/> Over \$10,000,000
<input type="checkbox"/> \$50,000 to \$100,000	<input type="checkbox"/> \$1,000,000 to \$5,000,000	

BANK REFERENCES REQUIRED
 *Less than 2 years, a second bank reference required

CHECKING		SAVINGS	
Bank		Bank	
Address		Address	
City		City	
State Zip		State Zip	
Tel#		Tel#	
FAX#		FAX#	
Account Number		Account Number	
Account Name		Account Name	
Contact		Contact	

U.S. TRADE REFERENCES REQUIRED

*Companies with whom credit has been established; three required

1. Company		Contact		
Address		City	State	Zip
Telephone#	FAX#	Payment Terms		Type of Business
2. Company		Contact		
Address		City	State	Zip
Telephone#	FAX#	Payment Terms		Type of Business
3. Company		Contact		
Address		City	State	Zip
Telephone#	FAX#	Payment Terms		Type of Business

Anticipated Monthly Sales Volume with **Morovision Night Vision, Inc.** \$

CREDIT CARD INFORMATION REQUIRED

Bill To:

Ship To: (If Different)

Name <small>(As it Appears on Card)</small>		Name	
Address		Address	
City		City	
State	Zip	State	Zip
Telephone ()		Telephone ()	
E-Mail:		E-Mail	
Card #	CVN	Expiration Date	CVN
Card Type (check one) <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover			

In consideration of the extension of credit and establishment of a credit account, applicant acknowledges liability for payment of amounts due Morovision Night Vision, Inc. (MNV) for delivery of MNV products. If MNV must take action to collect any balance owing, applicant agrees to pay all reasonable costs and expenses incurred in collection including, but not limited to, reasonable attorney's fees, court costs, and interest thereon at the then maximum legal rate.

By signing this agreement, applicant acknowledges payment will be made according to quoted terms on invoice. All past due invoices are subject to interest charges at the maximum allowable legal rate. Signature authorizes MNV to charge credit card for any unpaid balance owing to MNV. Signature also authorizes the release of credit information concerning your company that MNV may reasonably require.

Authorized Signature _____ Title _____ Date _____

X