



Application for Customer Status

TERMS AND CONDITIONS OF SALES: The terms and condition of sales by Perfect 10 (hereafter referred to as "Perfect 10") to the below named Customer (hereafter referred to as "Customer") shall be in accordance with the Perfect 10 Terms and Conditions which is attached hereto and made a part hereof. No terms or conditions of purchase orders different from the terms and conditions set forth on the Perfect 10 Terms and Conditions form will become a part of any sales agreement, purchase order, or other document unless specifically approved in writing by Perfect 10. Should credit availability be granted or credit risk be assumed by Perfect 10, all decisions with respect to the extension or continuation shall be in the sole discretion of Perfect 10. Perfect 10 may terminate any credit availability within its sole discretion.

Legal Business Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____

Zip: _____ Country: _____

Location of Business Domicile/Formation: _____ Years in Business: _____

Federal Tax ID Number: _____ Resale/Sales Tax Number: _____

(US Customers Only)

(US Customers Only)

Business Type: Corporation: _____ Partnership: _____ Sole Proprietor: _____

Payment Terms Requested: Credit Card: _____ ACH: _____ Terms: _____ Pre-Paid Wire: _____

Principals and Owners:

Name: _____ Title: _____ % Owned: _____

Home Address: _____ Yrs. Here: _____ Rent: _____ Own: _____

City: _____ State: _____

Zip: _____ Country: _____

Driver's License Number: _____ Social Security Number: _____ Date of Birth: _____

(US Customers Only)

(US Customers Only)

Email Address: _____

Name: _____ Title: _____ % Owned: _____

Home Address: _____ Yrs. Here: _____ Rent: _____ Own: _____

City: _____ State: _____

Zip: _____ Country: _____

Driver's License Number: _____ Social Security Number: _____ Date of Birth: _____

(US Customers Only)

(US Customers Only)

Email Address: _____

I/We certify all statements in this application and the attached pages or references are true and I/We intend for Perfect 10 to rely thereon to accept or reject this application. I/We understand and agree that personal and/or business credit reports may be obtained from credit reporting agencies in any connection with this application and maintenance of an established account.

Authorized By

Title

Authorized Signature

Date



Principals and Owners:

Name: _____ Title: _____ % Owned: _____
Home Address: _____ Yrs. Here: _____ Rent: _____ Own: _____
City: _____ State: _____
Zip: _____ Country: _____
Driver's License Number: _____ Social Security Number: _____ Date of Birth: _____
(US Customers Only) (US Customers Only)
Email Address: _____

Name: _____ Title: _____ % Owned: _____
Home Address: _____ Yrs. Here: _____ Rent: _____ Own: _____
City: _____ State: _____
Zip: _____ Country: _____
Driver's License Number: _____ Social Security Number: _____ Date of Birth: _____
(US Customers Only) (US Customers Only)
Email Address: _____

Name: _____ Title: _____ % Owned: _____
Home Address: _____ Yrs. Here: _____ Rent: _____ Own: _____
City: _____ State: _____
Zip: _____ Country: _____
Driver's License Number: _____ Social Security Number: _____ Date of Birth: _____
(US Customers Only) (US Customers Only)
Email Address: _____

I/We certify all statements in this application and the attached pages or references are true and I/We intend for Perfect 10 to rely thereon to accept or reject this application. I/We understand and agree that personal and business credit reports may be obtained from credit reporting agencies in any connection with this application and maintenance of an established account.

Authorized By

Title

Authorized Signature

Date



Customer ACH Authorization Form

I/We hereby authorize **Perfect 10** to initiate an ACH (Automated Clearing House) debit entry to my (our) bank account at the *Financial Institution* indicated below, and initiate adjustments (if necessary) for any transactions in error. I/We request the ACH payment method via POP (Point-of-Purchase) debit entry be used on all purchases, services and shipping fees ordered on the below account. This authority will remain in effect until **Perfect 10** is notified by me (us) in writing to cancel this authorization in such time as to afford **Perfect 10** a reasonable opportunity to act on it.

I/We understand **Perfect 10** will prepare and process the electronic transfer in accordance with the operating rules and regulations promulgated by the National Automated Clearing House Association (NACHA), the Banking Commission and the Uniform Commercial Code. I/We understand **Perfect 10** will process a printed check or an ACH debit transaction containing the banking information I (we) have provided below. Said check or ACH debit transaction will be processed same day of transaction. I/We hereby authorize a RCK (Re-presented Check Entry) on any check returned for any reason whatsoever. I/We further agree to pay a \$50.00 service fee on any returned check or ACH debit transaction, for any reason whatsoever.

Customer Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Name of Financial Institution: _____

Financial Institution's Routing Number: _____

(Look between symbols "|":|" on your check)

Account Number: _____ Account Type: Checking _____ Savings _____

Name on Bank Account Specified Above: _____

Authorized By

Title

Authorized Signature

Date

Perfect 10 Customer Number (If Known)



Terms and Conditions

Terms of Payment: Perfect 10 (hereafter referred to as "Perfect 10") reserves the right to restrict or modify the terms of payment to require payment prior to time of shipment or US certified check, cash, US money order, US credit card or US or International wire draft and paid in US Dollars, if in Perfect 10's opinion Customer and/or Guarantor's financial condition or other circumstances do not warrant shipment on the terms specified herein. Customer and/or Guarantor(s) agree to pay for all purchases according to the terms of Perfect 10. Payment terms or disclosed on each invoice.

Application of Payments: At Perfect 10's discretion, Perfect 10 reserves the right to apply payments on account against the oldest open charges.

Warranty: Perfect 10 warrants to the original purchase of the goods, that the goods are free from defects in material and workmanship under normal applications and use. The obligation of Perfect 10 under this warranty shall be limited to replacing any defective goods.

Limitation of Damages: The remedy of replacement of any defective goods shall be exclusive. In no event shall Perfect 10 be liable for incidental or consequential damages.

Finance Charges: Customer and Guarantor(s) agree to pay a finance charge of 1 ½% per month which is an Annual Rate of 18% or the highest rate allowed by law whichever is less on any amount past due, any delinquent balance outstanding or insufficient funds balances.

Company/Personal Check (US only) Policy: Any returned check will be immediately and aggressively collected. Customer and Guarantor agree to pay a \$50.00 non-sufficient funds fee on any returned check and an additional \$50.00 for each time the check is re-submitted and returned unpaid.

Purchase Money Security Interest: Perfect 10 retains a purchase money security interest in all goods purchased by Customer until such time as such goods have been paid for in full and have no remaining chargeback liability. Customer authorizes Perfect 10 to file such documents and instruments as may be necessary to perfect and protect Perfect 10's security interest in the goods under the Uniform Commercial Code.

Taxes: Customer is responsible to collect, report and pay any sales, use or other taxes required by Customer's taxing authorities. Customer agrees to indemnify and hold harmless Perfect 10 for amounts Perfect 10 is required to pay on behalf of Customer.

Cost of Collection: Customer and Guarantor(s) agree to pay for all reasonable collection costs, attorney fees and costs of the court in connection with any delinquent account or non-sufficient check outstanding balance.

Choice of Law and Venue: The validity, construction and performance of this agreement between Perfect 10, Customer and/or Guarantor(s) shall be governed by the laws of the State of Arkansas.

Waiver of Venue: In the event of litigation, Customer and Guarantor(s) submit to jurisdiction of the State of Arkansas and of the Courts in Pulaski County, Arkansas USA. Customer expressly waives any right to insist that venue be in any other location.

Binding Agreement: These Terms and Conditions shall be binding upon and shall inure to the benefit of Perfect 10, Customer and Guarantor(s) hereto and respective successors. No right or obligation hereunder may be assigned by either party without the prior written consent of the other party hereto.

Customer and Guarantors specifically authorize, consent to and request Perfect 10 to communicate satellite industry related information, promotions, solicitations, advertisements, news articles and updates through electronic mail (email), facsimile, telephone and/or U.S. postal mail communications.

Authorized By

Title

Authorized Signature

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		
or									
Employer identification number									

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.