

Kennedy Technology Group, Inc.

Thank you for your interest in becoming a dealer of our products. Below, please find a form that will allow us to enter contact and preference information when we set up your account in our computer system. Please fill it out and return it along with a copy of your business and/or tax license.

Should you wish to establish a "Net 30" account *or* pay C.O.D. using a company check, please complete the enclosed credit application, sign it, and return it as soon as possible.

Also, have an officer of the corporation (or owner if a sole proprietor / partnership) sign the bottom of the last page of this document: "Authorization to Release Credit Information". Return it to us with the credit application. Do not fill out the "Vendor" or "Bank Use Only" sections: *We will forward this form to the references you provide.*

Please note: In order for your bank to release information, the signing officer must be an authorized signatory for the account.

Thank you.

Kennedy Technology Group

Attached

Kennedy Technology Group Dealer Marketing Survey

Ref: KTG document part # 65235

Release date: 02/01/05

Please provide the following information so that we may augment your marketing efforts.

Company: _____

- ◇ Will you be attending any rallies, conventions, or trade shows this year. Yes/No
If yes, please list:

- ◇ If you are attending any such events, how are you promoting/highlighting Kennedy products?
(door prizes, etc.)

- ◇ Will you provide installation services for Kennedy products? Yes/No/NA
If yes, will you charge for these services? Yes/No

- ◇ What advertising do you plan for the year?

- ◇ Will this advertising highlight Kennedy products?

- ◇ Do you monitor/participate and promote Kennedy products in any on-line discussion groups
and forums? Yes/No
If yes, which forums?

- ◇ How may we better assist you in promoting Kennedy products?

Kennedy Technology Group Account Preferences (please type or print only)

Company Name and Billing address

Shipping address (Same as Billing)

Country

Country

Contacts	Name	Phone #	Fax #
Purchasing			
e-mail		extension:	
Accnts Payable			
e-mail		extension:	
Sales/Service			
e-mail		extension:	

ORDERING

1. Are purchase orders required?

- No
- Yes

Who is authorized to issue them?

✍ _____
✍ _____

2. Does Purchasing require an order acknowledgment?

- No
- Yes - send via

Mail Fax e-mail

Notes: _____

ORDER FULFILLMENT

1. Are partial shipments accepted?

- No Yes Will Advise via

Notes: _____

SHIPPING

1. Shipping preferences.

- UPS FEDEX Airborne
- DHL Postal Service (Mail)
- Other _____

2. Shipping charges.

- Prepay and add to invoice
 - Charge to credit card (see "Payment," below)
 - Use your courier account
- Courier _____ Account # _____

Notes: _____

BILLING

1. Send invoices to Accounts Payable

- Mail ____ # copies
- Fax
- e-mail
- Include with shipment ____ # copies

Notes: _____

PAYMENT

1. Payment will be made via:

- COD Net 30 PayPal
- Credit Card

Notes: _____

SUPPORT

PRODUCT ANNOUNCEMENTS ARE AVAILABLE ON OUR WEBSITE IN PDF FORMAT.
YOU MUST HAVE AN EMAIL ACCOUNT TO RECEIVE NOTICE WHEN THESE
DOCUMENTS ARE RELEASED

Thank You!

Please return these forms along with a copy of your business and/or tax license. You may e-mail it to us at "orderdesk@cellset.com, or fax it to us at 316-776-9035.

Best Wishes,

Kennedy Technology Group, Inc.

Kennedy Technology Group, Inc.

CREDIT APPLICATION (Please type or print only)

Name of Business _____

Years in Business _____ Limit desired _____

Brief Explanation of Business _____

BANKING

Name _____ Acct. # _____

Address _____ Savings

City _____ State _____ ZIP _____ Checking

Loan

Contact _____ Phone _____ Fax _____

TRADE REFERENCES - PLEASE REMEMBER TO GIVE ZIP CODES - PLEASE LIST ACCOUNT NUMBERS

Name _____

Address _____ High Credit _____

City _____ State _____ ZIP _____ Acct. # _____

Contact _____ Phone _____ Fax _____

Name _____

Address _____ High Credit _____

City _____ State _____ ZIP _____ Acct. # _____

Contact _____ Phone _____ Fax _____

Name _____

Address _____ High Credit _____

City _____ State _____ ZIP _____ Acct. # _____

Contact _____ Phone _____ Fax _____

Authorized Buyers _____

NAME TITLE

NAME TITLE

NAME TITLE

TERMS OF SALE

1. Our terms are: Net due in 30 days. Failure to adhere to our terms may result in a shipping hold on future orders. The net due date is calculated from the date of the invoice.

2. Should applicant default in the payment of the outstanding account for moneys that are deemed legitimately owed, then Kennedy Technology Group (KTG) shall be entitled to incur expenses for the cost of collection and reasonable attorney's fees, which amount shall be added to the unpaid balance of Applicant's account and shall be due and owing from Applicant to KTG, Inc.

I hereby certify that the information set forth here, together with all other information submitted in connection with this application is true and correct. I understand that Kennedy Technology Group (KTG), Incorporated will rely on this information in extending credit to me. I have read and understand the Terms of Sale and agree that such terms apply to all transactions with KTG, Inc. I authorize agents of Kennedy Technology Group, Inc., Rose Hill, Kansas, to check the credit references I have provided

Signature _____ Title _____ Date _____

KTG use only

Acct. # _____ Approved Amt. _____ By _____ Date _____

Kennedy Technology Group, Inc.

614 Ridgeway, Rose Hill, Kansas, 67133
Vox 316.776.1111
Fax 316.776.9035
e-mail: kennedy@cellset.com

_____ has submitted your name
(Kennedy credit applicant: please enter your business name and address above)

to us (Kennedy Technology Group, Inc.) as a credit reference. Would you please complete and return this form to us. Please fax it back to us at **316-776-9035**; they may have an order pending credit approval.

Vendors

How long has this company
done business with you: _____

Terms of sale: _____

High recent credit: _____

Present balance: _____

Date of last sale: _____

Amount past due: _____

Bank Use Only

Date account opened: _____

Average Balance Maintained: _____

High recent credit: _____

Any NSF returns: _____

How would you
rate this account: _____

Pays: Promptly _____ days over term Slow, but collectible Sent to collections

What type of merchandise does this company purchase from you? _____

This information will be held in the strictest of confidence.

Thank you.

Kennedy Technology Group

AUTHORIZATION TO RELEASE CREDIT INFORMATION

"Please provide the information requested by Kennedy Technology Group. Note that this authorization is good for one (1) year from the date of my signature".

Company



Signed

Name

Position

Date