



NEW ACCOUNT APPLICATION

717 B FELLOWSHIP RD. | MOUNT LAUREL NJ 08054 | 888.467.8812 | FAX 609.431.0932

Thank you for taking an interest in establishing a business account with DSS INC. Incomplete applications will not be processed and can cause the processing time to be prolonged. Please ensure that the following form is completed and that all information is correct to avoid complications.

| BUSINESS CONTACT INFORMATION                  |                                       |                                       |                                 |
|---|---------------------------------------|---------------------------------------|---------------------------------|
| Title:  |                                       |                                       |                                 |
| Company Name:                                 |                                       |                                       |                                 |
| Phone:  | Fax:                                  | Email:                                |                                 |
| Company Address:                              |                                       |                                       |                                 |
| City:   |                                       | State:                                | Zip:                            |
| Date Business Commenced:                      |                                       | Expected Date of First Purchase:      |                                 |
| Sole Proprietorship: <input type="checkbox"/> | Partnership: <input type="checkbox"/> | Corporation: <input type="checkbox"/> | Other: <input type="checkbox"/> |
| Shipping Address (If different from above):   |                                       |                                       |                                 |
| City:   |                                       | State:                                | Zip:                            |
| Person(s) Authorized to Purchase:             |                                       |                                       |                                 |
| Accounting Contact:                           | Phone:                                | Email:                                |                                 |

Below are our Terms and Conditions, RMA Policy, Payment Policy, Authorized Reseller Policy, and Credit Card Authorization Form. Please read each section carefully, sign, and return to [accounting@dss-cctv.com](mailto:accounting@dss-cctv.com) or fax to 609.431.0932.

We look forward to becoming your preferred vendor. At DSS, *Your Success is Our Success!*

**Section I**

General

1. These Terms and Conditions shall apply to the sales of products (which shall henceforth be referred to as “Goods”) by DSS, INC. to the Buyer to the exclusion of all other terms and conditions referred to, offered or relied on by the Buyer, whether in negotiation or at any stage in the dealings between both parties, including any standard or printed terms tendered by the Buyer.
2. Any variation to these Terms and Conditions, including any special terms and conditions agreed between the parties, shall be inapplicable unless agreed to in writing by DSS, INC.
3. Any policies contained in this document are subject to change without notice; and DSS, INC. does not take responsibility for any printing or typing errors contained within this document.

**Section II**

Shipping

1. Unless otherwise agreed in writing, delivery of the Goods shall take place at the address specified by the Buyer on, or as close as possible to the date required by the Buyer. The Buyer shall make all arrangements necessary to take delivery of the Goods whenever they are tendered for delivery.
2. Order deadline for Goods to be shipped on the date of the order is 4PM, Eastern Standard Time, unless stated otherwise. Goods ordered after this time may be arranged for, and shipped by DSS, INC. the next business day.

**Section III**

Limited Warranty

1. DSS, INC. will have no obligation or responsibility to honor any warranty regarding the Goods that: have been modified or altered without DSS, INC.’s express prior written permission; have not been used in accordance with applicable documentation or specifications; have been subjected to unusual stress, neglect, misuse, abuse, improper storage, testing, connection, or unauthorized repair; or have fallen out of warranty period.

**Section IV**

Limitation of Liability

1. DSS, INC. shall not be liable for any and all loss or damage suffered by the Buyer in excess of the contract price.

**By adding your initials below, you agree you have read, understand, and will comply with all sections and items contained within the Terms and Conditions and any changes thereto; you also agree you are an authorized representative of the company above.**

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

**Section I**

Advance Replacement Policy

1. DSS, INC. will send an advance replacement for any in-stock defective product(s), excluding hard drives, which the customer wishes to return. An RMA charge will be added to the customer's invoice containing the item(s) to be returned for the replacement product(s).
2. The Buyer will ship the defective product(s) back to DSS, INC. Once DSS, INC. has received the defective product(s), the RMA charge on the customer's invoice will be credited out. However, if DSS, INC. does not receive the defective product(s) within fourteen (14) calendar days from the date of the original RMA, the RMA charge will instead become a fee of the original invoice, without refund or exception.

**Section II**

Exchange and Return Policy

1. DSS, INC. will honor exchanges and returns for up thirty (30) calendar days from the date of the original invoice for any unused, unopened equipment. After thirty (30) calendar days, all sales are considered final. DSS, INC. does not accept returns or exchanges on opened premade cables or spool cabling.
2. All returns are subject to inspection. At the discretion of the technician handling the return and/or the Chief Technical Officer, exchanges and/or returns may be refused due to damages, incomplete returns and/or missing items.
3. The Buyer is required to cover shipping costs to DSS, INC. for exchange(s) and/or return(s). If a returned product is not found to be in resalable condition, the customer will pay for return shipping to their location or forfeit the item(s) entirely; forfeited items will not be refunded by any means.
4. Unused, unopened returns falling under this section are subject to a refund, minus original shipping charges, in the form of an account credit. Open and/or used returns are subject to a refund, minus original shipping charges and a 35% restocking fee, based on the purchase price of the equipment, without exception, as an account credit.

**Section III**

Packaging Procedure

1. All RMAs, returns, etc. will comply with the packaging procedures below. Any RMAs, returns, etc., not in compliance to these packaging procedures will be refused and are subject to the sections above.
2. The Buyer will write the RMA number on at least three sides of any **shipping** packages.
3. **DO NOT WRITE ON ORIGINAL PRODUCT PACKAGING.** Items returned with writing on the product packaging are subject to a 10% restocking fee based on the purchase price of the product(s) without regard to their condition and without exception. This fee is in addition to any other fees mentioned in other sections above. This includes, but is not limited to, markings of any kind on the original package, original equipment and/or placing shipping labels on the original package.

**Section III (cont.)**

Packaging Procedure

- 4. The Buyer will be required to ship defective product(s) in acceptable packaging, taking all necessary and proper steps to minimize/prevent further damage.
- 5. The Buyer is responsible to fully complete RMA form(s) and return with defective product(s).

Please send all RMA packages to:

**DSS, INC.**  
**Shipping Department**  
**717B Fellowship Rd.**  
**Mount Laurel, NJ 08054**  
**Reference: (RMA number)**

By adding your initials below, you agree that you have read, understand, and will comply with all sections, and items contained within the RMA Policy and any changes thereto; you also agree that you are an authorized representative of the company above.

You may choose to “opt out” of our Advance Replacement program. If you choose to do so, DSS, INC. will not offer advance replacement of any kind; nor will DSS, INC. accept returns or exchanges (as per section II) for any reason. DSS, INC. will offer standard replacement for products under warranty ad DOA coverage; however, all sales will be considered final at the time of purchase.

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

|  |  |
|--|--|
| Yes, I want to take part of the Advance Replacement program. |  |
| No, I wish to opt out of the Advance Replacement program.    |  |

**PART THREE: DSS, INC.**  
CREDIT CARD PAYMENT AUTHORIZATION

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Sign and complete this form to authorize DSS, INC. to charge your credit card for the purchase of any products or services by phone, email, or fax, as places by authorized individuals, and/or representatives. A valid credit card, to be kept on file regardless of any other existing payment agreement, is required to conduct business or make purchases from DSS, INC. DSS, INC. will not accept this form if it has been altered by the customer in any way.

Please complete, sign, and date this form and return to DSS, INC. accounting department at:

EMAIL: [ACCOUNTING@DSS-CCTV.COM](mailto:ACCOUNTING@DSS-CCTV.COM)

FAX: (609) 431-0932

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Please complete the information below:

I \_\_\_\_\_ Authorize DSS, INC. to charge my credit card account indicated below for  
(Full Name)  
any purchases, service fees, shipping charges, tax, or late charges on or after the invoice date in accordance with DSS, INC. Terms and Conditions.

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Billing Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Account Type:  Visa

Master Card

AMEX

Discover

Card Holder Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV2 (3 digit number on the back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_