



M. Bohnhoff, Inc. P.O. Box 6373  
 T: 847-362-9767 F: 847-557-1247 Libertyville, IL 60048-6373

**Check here if existing customer** [www.radiosign.com](http://www.radiosign.com)

<b>SHIP TO INFO:</b>	(This is the person who will sign the agreement on this form, at the bottom)		
Company Name:			
Contact Name:			
Title:			
E-Mail Address:			
Shipping Address: (this address is required)	This is a <u>mailing</u> address. Enter either a street address or a P.O. Box — not both!		
Phone Number:	Ext:	Fax Number:	

<b>BILL TO INFO:</b>	<b>Only fill out if different than SHIP TO</b> (This is the person who should get invoices)		
Contact Name:			
E-Mail Address:			
Billing Address:	This mailing address is only needed if Accounts Payable cannot accept e-mailed invoices.		
Phone Number:	Extension:		

<b>Pre-Payment method:</b>	(Make check payable to: M. Bohnhoff, Inc. )		
Type of Payment:	<input type="checkbox"/> FedEx COD <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Certified <input type="checkbox"/> Money Order	SubTotal Products only:	
Products Ordered:	<input type="checkbox"/> RS-ACC100 without OHP 6000 <input type="checkbox"/> RS-ACC100 with OHP 6000	\$	
Illinois Res. add 6.5%:			
Shipping Amt:	<input type="checkbox"/> \$23.95 FedEx COD Shipping Charge. QTY 2 or less <input type="checkbox"/> \$14.50 S/H Charge (Shipping for all pre-paid orders, Qty 2 or less)		
	Total with shipping and possible sales tax :		

<b>PURCHASE ORDER:</b>	<b>Only use if pre-approved by M. Bohnhoff, Inc.</b>		
Purchase Order Requirements:	Existing customers must be either a government agency, a major educational institution or a company with a <b>Good</b> or <b>High</b> Dun & Bradstreet rating along with annual sales of at least \$1,000,000. Purchase Orders will not be accepted from existing customers unless they complete a credit application with approval.  You must send a copy of your Purchase Order with this order.  <b>Note: Our Federal Tax I.D. # (On request.) Terms: NET15 only!</b> We are a Illinois Corporation (do not request W-9 forms).		
Purchase Order No.:	DUNS No.:	- -	Rating Code:

**Found Us With:**  Yahoo!  AltaVista  Excite  Google  Other:





Post Office Box 6373  
Libertyville, IL 60048

**Consultant/Communications Engineer  
Agreement**

I, Name: \_\_\_\_\_, Billing Address: \_\_\_\_\_

\_\_\_\_\_ Attest to and agree to the following.

This agreement is between the undersigned and RadioSign® / M. Bohnhoff, Inc.

The undersigned agrees that he/she is at a basic technician level, i.e. understanding of basic electronics and basic national electric code and installations thereof.

The undersigned agrees that any operation of this unit by anyone other than the undersigned, especially a child, must be supervised.

The undersigned agrees not to open, modify the antenna or in any way alter the integrity of the transmitter, or remove the Part 15 Certification label, which would void possible warranties and violates FCC Part 15 Certification.

The undersigned agrees that he/she has read and understood, and is in present possession of, a current copy of the FCC Part 15 Rules and Regulations.

The undersigned agrees that operation of this Part 15 device Requires searching for an appropriate open frequency and will not install the transmitter until this is accomplished.

The undersigned agrees to Hold Harmless RadioSign® / M. Bohnhoff, Inc.  
against  
any and all intentional or unintentional violations of Part 15  
Rules and Regulations.

The undersigned agrees to Hold Harmless RadioSign® / M. Bohnhoff, Inc.  
any and all claims of liability or product failure during the life of  
the transmitter.

The undersigned agrees to Hold Harmless RadioSign® / M. Bohnhoff, Inc.  
any and all damages, including personal bodily harm, and the undersign  
assumes total responsibility for safe use, even after possible resale of  
this product to another party.

If undersign is using more than one unit, this agreement applies to all  
of them.

Model Number: ACC-100

**Undersigned Consultant/Communications Engineer:**

Date\_\_\_\_\_Signature\_\_\_\_\_

**M. Bohnhoff, Inc. / Agent**

Date\_\_\_\_\_Signature\_\_\_\_\_

This signed form must be returned with payment before order can be shipped.

© 2002 M. Bohnhoff, Inc.