To : Exclusive Magnitude (M) S/B (243800-X)

** Fax : 604-6415694 Email : xpossupport@ex-mag.com

Company Name :

Branch :

Address :

Date(MM/YYYY): / The information given are the correct and acceptance by

From : Dealer Information

System Type : _____ System

Windows based: ☐ Dos based: ☐

Network Users : ☐ User(s)

Member(For Member Point System only) : ☐Yes ☐No

Tax(For Dos System only) : ☐Yes ☐No

Dealer Company Chop Sign

Exclusive Magnitude Office use :