



EXHIBIT A
END USER QUESTIONNAIRE
FAX TO: 914-801-2630



LEGAL NAME OF END USER _____
LEGAL BUSINESS NAME _____
LEGAL BUSINESS ADDRESS _____
DBA(s) _____
CITY, STATE, ZIP _____
PHONE _____ FAX _____
END USER E-MAIL _____
BACKUP CONTACT E-MAIL _____
COMPANY WEBSITE ADDRESS (if applicable) _____

INFORMATION ABOUT END USER BUSINESS

- (1) Is End User purchasing a Fujifilm Infrared or Ultraviolet Sensitive Digital Camera for a legitimate business purpose? _____
- (2) How long has End User been engaged in his/her profession or business? _____
- (3) Please state End User's legitimate business purpose? _____
- (4) Has End User presented reseller with recognized forms or identification for End User and End User's business? _____
- (5) Has End User provided reseller with copies of forms of identification presented in connection with (3), above? _____
- (6) Was End User Questionnaire completed at a business location of a Pro Digital Camera Authorized Reseller? _____
- (7) Please provide the business address where End User will pick up the camera listed below _____

INFORMATION ABOUT THE CAMERA (IF AVAILABLE AT TIME OF PURCHASE)

Type of camera _____
Serial number of camera _____
Expected pick-up / delivery date _____

END USER CERTIFICATION

By signing this End User Questionnaire, End User certifies that (1) the subject camera is being purchased by End User for the above stated legitimate business purpose, (2) End User will make its best efforts to safeguard the camera from being used by others, and (3) in the event End User transfers the camera or the camera is lost, stolen or is otherwise no longer in End User's possession, End User will immediately notify Fujifilm of such event.

Signature: _____
Print Name _____
Date: _____

FUJIFILM RESERVES THE RIGHT TO REFRAIN FROM SELLING A FUJIFILM INFRARED OR ULTRAVIOLET SENSITIVE DIGITAL CAMERA TO ANY END USER FUJIFILM, IN ITS SOLE DISCRETION, REASONABLY BELIEVES IS NOT PURCHASING THE CAMERA FOR A LEGITIMATE BUSINESS PURPOSE.

PRO DIGITAL CAMERA AUTHORIZED RESELLER ACKNOWLEDGMENT TO COMPLIANCE WITH THE REQUIREMENTS PURSUANT TO THIS END USER QUESTIONNAIRE

Acknowledgement to compliance with the requirements of this End User Questionnaire

Signature: _____
Print Name _____
Date: _____