

Harding Advanced Training Participant Checklist

- | | Complete |
|--|----------|
| 1. Participant Information Form (Page 2) | _____ |
| 2. Purchase Order Instructions (Page 3) | _____ |
| 3. Payment Instructions (Page 4) | _____ |
| Credit Application (Page 5/6 or 7/8) | _____ |
| -OR - | |
| Credit Card Application Forms (Page 9) | _____ |
| 4. Distributor Portal and Advanced Software Access | |

Participant Registration Information Form

Please complete the following participant information for each attendee.
Please note that only 3 participants per company per session will be permitted.

There is a training and certification fee of \$750 USD or \$1000 CAD per company, per session.

Registration for Virtual session must be submitted and completed by a minimum of 2 weeks prior to the session commencement.

In-Person session can be arranged on request, based on demand

Registration for In-Person session must be completed and submitted by a minimum of 4 weeks prior to the session commencement.

Please send the completed participant registration information form to TrainingFire@Harding-Tech.com

| | |
|-------------------------------|--|
| Full name: | |
| Company Name: | |
| Email: | |
| Contact Phone Number: | |
| In Person or Virtual session: | |
| PO For Training Kit: | |

| | |
|-------------------------------|--|
| Full name: | |
| Company Name: | |
| Email: | |
| Contact Phone Number: | |
| In Person or Virtual session: | |
| PO For Training Kit: | |

| | |
|-------------------------------|--|
| Full name: | |
| Company Name: | |
| Email: | |
| Contact Phone Number: | |
| In Person or Virtual session: | |
| PO For Training Kit: | |

Purchase Order Form Instructions

Harding supports hands-on training and recommends all participating companies have an Advanced AX training kit. To facilitate this, Harding will provide a one-time, additional 10% discount above our warehouse pricing.

Please submit an RFQ (request for quote) for an updated price on a training equipment package. **Once a quote has been provided, please provide a Purchases Order (PO) with the training fee applicable to your region, and equipment you require for your training session.**

This equipment only needs to be purchased once and may be reused for future training sessions. Training Kit needs to be assembled and wired before training commences for best training experience. No time in class will be allocated to assembly of the training equipment. A step-by-step guide can be found at on our website or on the link below.

[Harding Advanced Axis AX Demo Hardware Set Up Guide](#)

Please send the RFQ and PO to SalesfireUS@harding-tech.com (US) or SalesfireCa@harding.ca (CAN) depending on your region.

US: Harding Advanced Fire Training DEMO KIT (UL-10):

| Item # | Order Qty. | Model Number | Part ID | Equipment Descriptions |
|--------|------------|------------------|---------|--|
| 1 | 1 | AX-CTL-1L-10 | AXU0278 | Red Single Loop Networkable Panel (Large Expandable enclosurehas space for two optional Switch/I |
| 2 | 1 | AX-ANN-C-10 | AXU0264 | Red Remote Control Annunciator - Style 4 (requires NET-4 card installed in panel) |
| 3 | 1 | AX-NET4-10 | AXU0292 | Network Interface Module - Style 4, 64 nodes (Network adding a Panel and/or annu) |
| 4 | 1 | AX-SA5150-850ADV | AXU0131 | Optical (photo) Detector (edition 7) |
| 5 | 1 | AX-SA5800-450ADV | AXU0132 | Thermal Detector (edition 7) |
| 6 | 1 | AX-SA5150-750ADV | AXU0102 | Multicriteria Detector (combination Heat/Smoke) (edition 7) |
| 7 | 1 | AX-SA5000-230ADV | AXU0075 | 6" E-Z Fit Base (edition 7) |
| 8 | 1 | AX-56000-005ADV | AXU0136 | Poly Pull Station (Dual Action) |
| 9 | 1 | AX-56000-006ADV | AXU0185 | Polycarbonate Surface Backbox |
| 10 | 1 | AX-SA4705-703ADV | AXU0141 | Single Channel I/O Unit |
| 11 | 1 | AX-SA4705-700ADV | AXU0140 | Single Input Module |
| 12 | 1 | AX-SA4705-720ADV | AXU0144 | Dual Input Module |
| 13 | 1 | AX-SA4705-706ADV | AXU0143 | NAC Module |
| 14 | 1 | AX-SA4705-701ADV | AXU0142 | Soteria Relay Output Module |
| 15 | 1 | SA5300-805APO | FAD0441 | CO Sounder Base 6 Inches Low Frequency |
| 16 | 1 | SA5300-800APO | FAD0046 | CO Base Assembly |
| 17 | 1 | GES3-24WR | FAD0147 | Selectable Candela Strobe, Wall Mount, Red Faceplate |

Canada: Harding Advanced Fire Training DEMO KIT (ULC-4):

| | | | |
|---|-------------------|---------|--|
| 1 | CAX-CTL-1L-04 | AXC0011 | Gray Single Loop Networkable Panel |
| 1 | CAX-ANN-C-04 | AXC0017 | Gray Remote Control Annunciator - Style 4 |
| 1 | CAX-NET4-04 | AXC0032 | Network Interface Module - Style 4, 64 nodes |
| 1 | CAX-APS2-F2-04 | AXC0015 | Dual Action Manual Pull Station |
| 1 | CAX-SA4705-703ADV | AXC0066 | Single Channel I/O Unit |
| 1 | CAX-SA4705-700ADV | AXC0065 | Single Input Module |
| 1 | CAX-SA4705-720ADV | AXC0069 | Dual Input Module |
| 1 | CAX-SA4705-706ADV | AXC0068 | NAC Module |
| 1 | CAX-SA4705-701ADV | AXC0067 | Soteria Relay Output Module |
| 1 | SA5800-450APO | FAD0377 | Discovery / Solteria UL Heat Detector Non-Iso |
| 1 | SA5150-750APO | FAD0378 | Solteria UL Multi-Criteria Detector (Smoke/Heat) |
| 1 | SA5150-850APO | FAD0379 | Solteria UL Smoke Detector |
| 1 | SA5000-230APO | FAD0359 | Soteria UL Base 6" |
| 1 | SA5300-805APO | FAD0441 | CO Sounder Base 6 Inches Low Frequency |
| 1 | SA5300-800APO | FAD0046 | CO Base Assembly |
| 1 | GES3-24WR | FAD0147 | Selectable Candela Strobe, Wall Mount, Red Faceplate |

Payment Instructions

Companies or Individuals can apply for account with Harding by completing the attached Credit Application form and submitting it to credit@harding-tech.com

Companies or individuals can also make a Credit Card Payment by filling out a Credit Card Authorization Form and submitting it to credit@harding-tech.com, or calling Harding at 866-462-7100 to provide payment over the phone via credit card.

Both forms are attached for the participants' convenience, and payment or credit approval must be received by Harding by a minimum of 2 week before any training session commences.

Payments by credit card can be completed once a Confirmation Order (CO) number has been provided.



| |
|----------------------------|
| OFFICE USE ONLY |
| CUSTOMER ID: _____ |
| CR LIMIT APPR'D: _____ |
| INPUT BY (INITIALS): _____ |
| DATE: _____ |

CREDIT APPLICATION

COMPANY LEGAL NAME: _____

OPERATING NAME (if different): _____

E.I.N. / FED ID / BUSINESS#: _____

'BILL TO' ADDRESS: _____

| | | |
|-------------------------|-----------------------|----------|
| City | State | Zip Code |
| PHONE No.: (____) _____ | FAX No.: (____) _____ | |

'SHIP TO' ADDRESS: _____
(if different from above)

| | | |
|----------------|-------------------------|----------|
| City | State | Zip Code |
| CONTACT: _____ | PHONE No.: (____) _____ | |
| E-MAIL: _____ | FAX No.: (____) _____ | |

CUSTOMER ORDER CONFIRMATIONS - HOW AND WHERE WOULD YOU LIKE THEM SENT? (CHOOSE '1' ONLY)

| | | |
|----------------|-------------------------|--|
| E-MAIL: _____ | FAX No.: (____) _____ | |
| CONTACT: _____ | PHONE No.: (____) _____ | |

OTHER CONTACTS:

| | | |
|--------------------------------|-------------------------|--|
| CHIEF OPERATING OFFICER: _____ | PHONE No.: (____) _____ | |
| E-MAIL: _____ | FAX No.: (____) _____ | |

| | | |
|-------------------|-------------------------|--|
| PURCHASING: _____ | PHONE No.: (____) _____ | |
| E-MAIL: _____ | FAX No.: (____) _____ | |

| | | |
|-------------------|-------------------------|--|
| CONTROLLER: _____ | PHONE No.: (____) _____ | |
| E-MAIL: _____ | FAX No.: (____) _____ | |

| | | |
|-------------------------|-------------------------|--|
| ACCOUNTS PAYABLE: _____ | PHONE No.: (____) _____ | |
| E-MAIL: _____ | FAX No.: (____) _____ | |

NUMBER OF YEARS IN BUSINESS: _____ NUMBER OF EMPLOYEES: _____

WEB SITE ADDRESS: _____

CREDIT LIMIT REQUESTED: _____

BANK - NAME: _____
 - ADDRESS: _____
 - CONTACT: _____ PHONE No.: (____) _____
 - E-MAIL: _____ FAX No.: (____) _____

TRADE REFERENCES:

1. COMPANY NAME: _____
 ADDRESS: _____
 CONTACT: _____ PHONE No.: (____) _____
 E-MAIL: _____ FAX No.: (____) _____
2. COMPANY NAME: _____
 ADDRESS: _____
 CONTACT: _____ PHONE No.: (____) _____
 E-MAIL: _____ FAX No.: (____) _____
3. COMPANY NAME: _____
 ADDRESS: _____
 CONTACT: _____ PHONE No.: (____) _____
 E-MAIL: _____ FAX No.: (____) _____

TERMS AND CONDITIONS

If granted credit, I/We understand that the terms on which Harding Instrument Co. Ltd. grants credit are as follows:

- 1) Terms are NET 30 DAYS from the date of invoice.
- 2) Payments are made by invoice.
- 3) Interest at 2% per month (26.82% per annum) will be charged on accounts/purchases not paid in accordance with the above terms.
- 4) I/We, hereby authorize Harding Instrument Co. Ltd. to obtain any information required concerning this application and affirm that the information herein is true and correct.
- 5) Failing to make payments in accordance with the Terms of Sale, Harding Instruments may take appropriate collection action.
- 6) If it becomes necessary to involve a third party to obtain payment of balances due, I/We agree to pay all collection costs.
- 7) **DISPUTES:** Any controversy of claim arising out of or relating to this contract, or breach thereof, shall be settled by arbitration in accordance with the Commercial Arbitration Association, and judgement upon the award rendered by the Arbitrator may be entered in any Court having jurisdiction thereof. To expedite the procedure, the American Arbitration Association will appoint an arbitrator to hear and decide the dispute, without submitting lists of arbitrator candidates to the parties.

Signed: _____ Date: _____

Name Printed: _____ Title: _____

Signed: _____ Date: _____

Name Printed: _____ Title: _____



| |
|----------------------------|
| OFFICE USE ONLY |
| CUSTOMER ID: _____ |
| CR LIMIT APPR'D: _____ |
| INPUT BY (INITIALS): _____ |
| DATE: _____ |

CREDIT APPLICATION

COMPANY LEGAL NAME: _____

OPERATING NAME (if different): _____

GST EXEMPT?: **YES** **NO** If 'Yes', please provide #, and attach copy of Exemption Certificate.

GST Exempt Certificate #: _____ (If applicable)

'BILL TO' ADDRESS: _____

| | | |
|-------------------------|-----------------------|-------------|
| City | Province | Postal Code |
| PHONE No.: (____) _____ | FAX No.: (____) _____ | |

'SHIP TO' ADDRESS: _____
(if different from above)

| | | |
|----------------|-------------------------|-------------|
| City | Province | Postal Code |
| CONTACT: _____ | PHONE No.: (____) _____ | |
| E-MAIL: _____ | FAX No.: (____) _____ | |

CUSTOMER ORDER CONFIRMATIONS - HOW AND WHERE WOULD YOU LIKE THESE SENT ? (CHOOSE '1' ONLY)

| | | |
|----------------|-------------------------|--|
| E-MAIL: _____ | FAX No.: (____) _____ | |
| CONTACT: _____ | PHONE No.: (____) _____ | |

OTHER CONTACTS:

CHIEF OPERATING OFFICER: _____ PHONE No.: (____) _____

E-MAIL: _____ FAX No.: (____) _____

PURCHASING: _____ PHONE No.: (____) _____

E-MAIL: _____ FAX No.: (____) _____

CONTROLLER: _____ PHONE No.: (____) _____

E-MAIL: _____ FAX No.: (____) _____

ACCOUNTS PAYABLE: _____ PHONE No.: (____) _____

E-MAIL: _____ FAX No.: (____) _____

NUMBER OF YEARS IN BUSINESS: _____ **NUMBER OF EMPLOYEES:** _____

WEB SITE ADDRESS: _____

CREDIT LIMIT REQUESTED: _____

BANK - NAME: _____
 - ADDRESS: _____
 - CONTACT: _____ PHONE No.: (____) _____
 - E-MAIL: _____ FAX No.: (____) _____

TRADE REFERENCES:

1. COMPANY NAME: _____
 ADDRESS: _____
 CONTACT: _____ PHONE No.: (____) _____
 E-MAIL: _____ FAX No.: (____) _____
2. COMPANY NAME: _____
 ADDRESS: _____
 CONTACT: _____ PHONE No.: (____) _____
 E-MAIL: _____ FAX No.: (____) _____
3. COMPANY NAME: _____
 ADDRESS: _____
 CONTACT: _____ PHONE No.: (____) _____
 E-MAIL: _____ FAX No.: (____) _____

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- 1) Terms are NET 30 DAYS from the date of invoice.
- 2) Payments are made by invoice.
- 3) Interest at 2% per month (26.82% per annum) will be charged on accounts/purchases not paid in accordance with the above terms.
- 4) I/We, hereby authorize Harding Instrument Co. Ltd. to obtain any information required concerning this application and affirm that the information herein is true and correct.
- 5) Failing to make payments in accordance with the Terms of Sale, Harding Instruments may take appropriate collection action.
- 6) If it becomes necessary to involve a third party to obtain payment of balances due, I/We agree to pay all collection costs.

Signed: _____ Date: _____

Name Printed: _____ Title: _____

Signed: _____ Date: _____

Name Printed: _____ Title: _____

CREDIT CARD AUTHORIZATION

| | |
|-----------------|--|
| ATTN: | |
| COMPANY: | |
| DATE: | |

| | |
|-------------|--|
| CO - | |
|-------------|--|

| | |
|--|--|
| Credit Card | |
| Expiry Date:MM/YY | |
| Security Code# (cvv): | |
| NAME ON CARD (exactly as it appears on the credit card) | |

Signature for approval to keep the credit card on file:

Distributor Portal and Advanced Software Access

After registration and payment of training, participants may request access to our Distributor Portal, which has Advanced Axis AX Software needed for training. This Portal is by white list approval only, so participants will have to email trainingfire@harding-tech.com with the email they would like to access the portal with, and request for access.

ACCESS IS NOT AUTOMATICALLY GRANTED AND MUST BE MANUALLY APPROVED.

Once a request has been submitted, further instructions on access will be provided.