



CONTROL VIDEO CORPORATION

Creators of GameLine™

August 16, 1983

Name and address have been

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Thank you for your recent inquiry about GameLine, the incredible new way to play video games. Enclosed is a brochure that should fill you in on both the retailer and consumer benefits of our product -- the Master Module.

Undoubtedly, you have additional questions as to pricing and availability. Since distribution of the Master Module is being handled through sales representatives, you should contact Synergistic Marketing at (201) 232-9148.

Your interest in GameLine, the first of many services from Control Video Corporation, is appreciated. We hope a mutually beneficial relationship can be established.

Sincerely,

John A. Kerr
Vice President
Sales and Marketing

JAK/das

GAMELINE™ 1983 ADVERTISING & PROMOTIONAL SUPPORT SCHEDULE

	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
NATIONAL CABLE TELEVISION					●	●	●
NATIONAL MAGAZINES	●	●	●	●	●	●	●
LOCAL NEWSPAPERS AND CO-OP PROGRAM		●	●	●	●	●	●
LOCAL TELEVISION (TEST)						●	●
LOCAL RADIO (TEST)		●	●	●			
LOCAL PUBLIC RELATIONS/ TALK SHOW CAMPAIGN		●	●	●	●	●	●

GAMELINE™

Sales Order Form

Order Acknowledgement _____

Order No. _____

Entry Date _____

Customer P.O.# _____

Date: _____

☐ Distributor

☐ Retail

Ship to: _____

Sales

Rep: _____

Territory

Number: _____

Special
Comments: _____

F.O.B.: Marshall, AK

Bill to: _____

Product #	Title	Unit Suggested Retail	Unit Cost	Qty.	Total	Ship Date	
						Req.	Sch.
CVC-1000	MASTER MODULE Compatible with Atari 2600 VCS and Sears Video Arcade*	59.95					

*Also ColecoVision, Coleco, Gemini, Mattel, Atari 5200, and Commodore VIC-20 systems when equipped with the proper VCS expansion module/adaptor.

Minimum Shipping Quantity: Carton (Contains 6 Master Paks with 6 Master Modules in each, totaling 36 Master Modules per carton.)

Terms: Net Thirty (30) Days

For Internal Use Only

Sales _____ / _____ / _____

Credit _____ / _____ / _____

Accepted _____ / _____ / _____

Customer Authorized Signature: _____

Name: _____

Title: _____

8620 Westwood Center Drive • Vienna, Virginia 22180 • (703) 448-8700

Prices Subject to Change Without Notice
All Orders Subject to Final Acceptance by Control Video Corporation

CREDIT APPLICATION

GAMELINE

Limit approved _____
Date approved _____
By _____
D&B rating _____
D&B Paydex _____
Letter sent _____

Applicant Name as listed in D&B	
Billing name if different	
Street	
City, State, and Zip	
Billing address if different	
Billing City, State, and Zip	

Years in business	
C-Corp, P-Partnership SP-Sole Proprietor	
City and state of D&B listing	
D&B number	rating
Billing contact and direct phone	

PRINCIPALS/CORPORATE OFFICERS	
1) _____ Position/Name	Address _____
2) _____ Position/Name	Address _____
3) _____ Position/Name	Address _____

TRADE REFERENCES		
1) _____ Name	Address _____	
_____ contact	_____ years doing business	_____ Largest credit Purchase
2) _____ Name	Address _____	
_____ contact	_____ years doing business	_____ Largest credit Purchase
3) _____ Name	Address _____	
_____ contact	_____ years doing business	_____ Largest credit Purchase

BANKING REFERENCES		
1) _____ Name of bank	Address _____	
_____ Bank contact	_____ Phone number	_____ Types of accounts & numbers
2) _____ Name of bank	Address _____	
_____ Bank contact	_____ Phone number	_____ Types of accounts & numbers

Are purchase orders used? _____. If yes, names of your employees authorized to sign purchase orders:

Name/Position	
Name/Position	

Name/Position	
Name/Position	

Applicant agrees to the Control Video Corporation (d.b.a. GameLine) terms of payment within thirty days of shipment. A service charge of one and one half percent (1 ½%) will be assessed for each month that payment is delinquent. Applicant agrees to pay all costs of collection, including attorneys’ fees, for delinquent accounts.

Applicant hereby authorizes any credit or banking reference furnished by applicant to verify any information listed by applicant for purposes of obtaining credit. This authorization shall be valid until cancelled in writing. A photocopy or other reproduction of this authorization shall be as valid as the original.

Applicant

By (Individual authorized to sign on behalf of applicant)

Date