

**Application for Appointment as Leica Camera Inc
Authorized Retail Dealer**

1. Applicant operates a retail store(s) for the sale of camera systems, image reproduction projectors and or sport optics products and equipment, at the following location or locations as included in Exhibit A:

| | |
|------------------|--|
| Dealer Name | |
| Street Address | |
| City/State/Zip | |
| Dealer Contact | |
| Telephone Number | |

2. Applicant wishes appointment as an authorized Leica Camera Inc ("Leica") Retail Dealer ("Dealer") subject to all of the applicable policies in place, from time to time, as promulgated by Leica within its sole discretion.
3. Applicant acknowledges that an appointment as a Dealer is an at-will appointment, and that it may be canceled, withdrawn or modified by Leica without cause, and without notice, at its discretion. Applicant acknowledges that an appointment as a Dealer is subject to the terms and conditions of the Leica Camera Inc Retail Dealer Sales Policy
3. Applicant acknowledges that an appointment as a Dealer is not a contract or an offer to form a contract, that Leica does not seek the agreement of any Authorized Dealer to agree or disagree with any of the Leica promulgated policies, and that said policies constitute unilateral, pre-announced descriptions of how Leica currently chooses to do business with those Dealers that it may authorize to sell certain of its products, at the Dealers location(s). Applicant acknowledges further that any of the Leica promulgated policies do not grant rights to anyone, including applicant, and do not create such rights. Appointment as a Dealer by

Leica is not a representation that it will do business in any specific way with any specific Dealer or Dealers. Applicant further acknowledges that it may not reasonably rely on any continuation of the Leica Camera Inc Retail Dealer Sales Policy, or any of the other Leica promulgated policies in force from time to time.

Signed: Applicant

By: _____

Title: _____

APPOINTMENT APPROVED

this ___ date of _____, _____.

By: Leica Camera Inc.

By: _____

(Signature)

Vice President of Operations

(Title)

