

Credit Account Application Form

Submit to: (562) 777-3489

Company Name: _____

DBA: _____

Phone: _____ Fax: _____

Federal Tax ID: _____ Resale#: _____

Type of Ownership: _____

Years in Business: _____ Years at Address: _____

Billing Address: _____

Billing Address: _____

State: _____ Zip: _____

Shipping Address: _____

Shipping Address: _____

State: _____ Zip: _____

Accounts Payable Contact: _____

Principle or Officer: _____

Title: _____

Trade References

1. Name: _____ Phone: _____

Address: _____ Contact: _____

2. Name: _____ Phone: _____

Address: _____ Contact: _____

3. Name: _____ Phone: _____

Address: _____ Contact: _____

Bank Reference

3. Name: _____ Phone: _____

Contact: _____ Account: _____

In agreement with this account application, the undersigned hereby guarantees the payment of all third company's obligation to Enhance Technology, Inc. of all amounts due and owing. Liability of the undersigned shall not be affected by additional acceptance of any note or evidence of indebtedness, the extension of time, payment arrangement granted to debtor. Applicant's signature attests financial responsibility to pay invoices in accordance with the agreed upon terms. The applicant agrees to pay all service charges, reasonable attorney and court fees incurred in the collection of their past due account.

I / We hereby authorize Enhance Technology, Inc. to investigate the references pertaining to my / our credit and financial responsibility.

Officer's Signature: _____ Title: _____

Print Name: _____ Date: _____