

CONFIDENTIAL BUSINESS CREDIT APPLICATION

BILLING ADDRESS:

Company _____
 DBA/Trade Style _____
 Street/PO Box _____
 City/State/Zip _____
 Telephone _____
 Fax _____
 Contact _____ Email Address _____

SHIP-TO ADDRESS:

Name _____
 Street _____
 City/State/Zip _____
 Telephone _____

Requesting \$ _____ Credit Line Type of Account Applying For: ___ Net Terms ___ C.O.D. ___ Credit Card

For terms accounts, Applied Computer Online Services will charge interest equal to the lesser of 1.5% per month or the highest rate allowed by law on any amount paid past due.

**LEGAL ENTITY
 COMPLETE APPLICABLE SECTION BELOW**

CORPORATION

Date Started _____
 President _____
 Parent Company _____
 Fiscal Year End _____

How long at present location _____
 Vice President _____ Treasurer _____
 Street _____ City/State _____
 State of Incorporation _____

If less than one (1) year in business please provides the following:

Social Security # _____
 Home Address _____
 City _____

Principal Name _____
 Telephone _____
 State _____ Zip _____

PARTNERSHIP

Date Started _____
 Partner _____
 Home Address _____
 Telephone _____
 Fiscal Year End _____
 Social Security # _____
 Telephone _____

How long at present location _____
 Partner _____
 Home Address _____
 Telephone _____
 Other Holdings _____
 Social Security # _____
 Drivers License # _____

PROPRIETORSHIP

Date Started _____
 Proprietor _____
 Home Address _____
 Telephone _____

How long at present location _____
 Fiscal Year End _____
 Other Holdings _____
 Social Security # _____
 Drivers License # _____

TYPE OF BUSINESS

Sales Tax Status _____ Tax Exempt Permit # _____

Please attach exemption certificate.

Federal Tax ID: _____ D-U-N-S# _____

BANK INFORMATION

Bank Name _____ Phone _____

Contact Name _____ Fax _____

Address _____

Checking/Savings Acct#1 _____ Checking/Savings Acct#2 _____

Loan# _____ Lines of Credit _____

TRADE CREDIT REFERENCES (Open Accounts Only)

1) Company Name _____ Acct.# _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Contact _____

2) Company Name _____ Acct.# _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Contact _____

3) Company Name _____ Acct.# _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Contact _____

LESSOR/OWNER

Name _____ Own _____ Lease _____ Rent _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Contact _____

PLEASE ATTACH YOUR MOST RECENT FINANCIAL STATEMENT TO ACCOMPANY THIS APPLICATION. This is our authorization to APPLIED COMPUTER ONLINE SERVICES to contact the references provided so that information may be obtained to consider granting credit privileges to us. We believe our company is financially able to meet any commitments we have made and we intend to pay promptly in accordance with the payment terms indicated on APPLIED COMPUTER ONLINE SERVICES invoices. Should those terms now or at any future date include a service charge for late payment or collection and attorney fees in the event of legal actions, we agree to pay charges. Buyer consents to the in person are jurisdiction of any state or federal court located in San Jose. Buyer agrees that services of process may be made by mailing a copy of the summons and complaint to Buyer at its address set for in Sellers records. In addition, my signature below signifies my approval for my Bank and Creditors to respond to any credit inquiries regarding this application.

I, _____, personally guarantee all payments to APPLIED COMPUTER ONLINE SERVICES.

Signed _____ Title _____ Date _____

Signed _____ Principal Guarantor Other (specify) _____

(Please complete, print, and fax at 1-408-551-6882)