

Account Application Instructions

1. Please fill out the three pages of the credit application completely. **Include a copy of your resale permit/business license.**

2. All forms must be filled out completely in order to be processed. Please send the completed forms along with copies of your license and permit to your sales representative:

CONTROLLER
Micro Marketing Distributor
3249 Stevens Creek Blvd. #100
San Jose, CA 95117
Phone: (408) 296-0653
Fax: (408) 296-0670

3. After your account is reviewed, you will receive a call from one of our Account Executives informing you of your Credit Limit and TERMS of Payment.

4. All new customers are required to pay by cashier's check for the first order. After your credit references are approved, you will be able to pay by company check.

MICRO MARKETING DISTRIBUTOR

Phone: (408) 296-0653 Fax: (408) 296-0670

Open Account — Credit Application

Legal Business Name _____ Date Established _____

DBA _____ Phone/Email _____ Fax _____

Billing Address _____ City _____ State _____ Zip Code _____

Owner/President _____ Treasurer _____

Vice President _____ Controller _____

This company is a: Sole Proprietorship Limited Partnership General Partnership Corporation

Subsidiary _____ Division _____

Does parent company guarantee debts? Yes No

Parent Company _____

Address _____ City _____ State _____ Zip Code _____

Type of Business _____ # of Employees _____ Accounts Payable Contact _____

Credit Desired Per Month in \$ _____ Sales Representative (if known) _____ Representative's Extension _____

Do you use purchase orders? Yes No Is merchandise for resale? Yes No

Authorized Purchaser(s) _____

Bank References:

Checking:

Bank Name _____ Branch _____ Phone _____ Account # _____

Address _____ City _____ State _____ Zip Code _____

Loan/Savings:

Bank Name _____ Branch _____ Phone _____ Account # _____

Address _____ City _____ State _____ Zip Code _____

Trade Credit References:

Name _____ Phone _____ Account # _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Phone _____ Account # _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Phone _____ Account # _____

Address _____ City _____ State _____ Zip Code _____

In order to process your application, we require your signature to access your bank account information. Please kindly provide the following information:

Bank Name

Account Number

Address

City

State

Zip Code

The applicant hereby authorizes the release of credit and banking information by the references listed in this application to **MICRO MARKETING DISTRIBUTOR.**

Name (please print)

Title

Signature

Resale Information

Firm Name

I hereby certify:

that I hold a valid seller's permit # _____ issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling _____; that the tangible personal property described herein which I shall purchase from Micro Marketing Distributor will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased:
_____.

Authorized Signature

Title

Signed at _____ as of this _____ day of _____.

Our standard term of payment is Cashier's Check for all new accounts. All other related terms and conditions are defined in our invoice. I/We understand and agree that the information provided is for the purpose of opening an account with Micro Marketing Distributor. I/We further understand and agree that all accounts or money due to Micro Marketing Distributor shall be paid in accordance with the payment terms stated above and agree to pay all reasonable costs of collection in addition to any court costs and/or attorney fees incurred. I/We authorize investigation of all credit references listed.

Authorized Signature

Title

Date

Authorized Signature

Title

Date

Authorization to Check Individual Credit History

I/We, the undersigned, do hereby guarantee payment, as individuals, if any indebtedness incurred by virtue of any and all credit extended in accordance with the above agreement and all of its terms and conditions. And I hereby authorize the business to whom this application is made to check my individual credit history in connection with a business transaction involving the firm making this application.

Guarantor Name

Signature

Social Security Number

Driver's License Number

Date