

Please fax completed form to POSMicro

Applicant Information

Last Name		First Name	
Telephone Number	Fax Number	E-Mail Address	

Company Information

Business Name	Type of Business	Establishment Date	# Of Employees
President/Owner Name		Vice President/Owner Name	
Address		City, State, Zip Code, Country	
Dunn & Bradstreet #	EIN Federal Tax ID #	Credit Amount Requested	

Bank References

Account Name	Account Number	Account Type	
Bank Name	Telephone Number	Fax Number	
Contact			
Address		City, State, Zip Code, Country	

Trade References

Business Name	Contact Name	Telephone Number	Fax Number
Address		City, State, Zip Code, Country	

Business Name	Contact Name	Telephone Number	Fax Number
Address		City, State, Zip Code, Country	

Business Name	Contact Name	Telephone Number	Fax Number
Address		City, State, Zip Code, Country	

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Personal Guaranty (Required for all Sole Proprietorship, Partnerships, and all Corporations in business less than 3 years)

First Name	Middle Initial	Last Name		Date of Birth	
Home Address		Unit Number	City	State	Zip
Home Phone Number ()		Social Security Number		Annual Income	
Signature				Date	

* I agree to be held personally responsible for this account

Is written purchase order required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was your firm previously part of another company? If yes, which company? <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby authorize POSMicro and its affiliates to collect credit information from the references listed above for the purpose of establishing an account with credit terms.

I understand that the above credit information provided is for the sole purpose of obtaining credit with POSMicro. Furthermore, I certify that the information given is correct and accurate as of the date of this application. I agree and unconditionally guarantee to be held liable for any and all indebtedness accrued under this continuing agreement. All accounts and monies due to POSMicro shall be due and payable at your place of business, and the terms granted are Net 25 unless otherwise agreed upon in writing. All past due accounts, notes or judgments are subject to draw interest at the minimum rate of ten percent (10%) per annum. In the event of default and referral to a Third Party Collection Agency or Attorney, I agree to pay all costs and fees of such services. Furthermore, I have read and agree to the POSMicro conditions of sale. I further understand that failure to pay invoices within terms may result in shipments being Cash In Advance.

Signature _____

Title _____

Company _____

Date _____

Fax completed Credit Application to (360) 788-7836

Please note that we require applications to be updated on a regular basis.