

Orange Coast Micro

Fax: (949) 722-1761

Date: _____

New Application Order Pending

OCM Salesperson: _____

CREDIT APPLICATION

GENERAL INFORMATION (PLEASE PRINT CLEARLY, THIS PORTION MAY BE COMPLETED BY SALES PERSON)

Business Legal Name (as it appears on business license) _____

Business Trade Name (DBA) _____

Billing Address _____ City _____ State _____ Zip Code _____

Telephone # (_____) _____ Fax (_____) _____ Type of Business _____

Shipping Address _____

Sales/Purchaser _____ Phone #(_____) _____ Ext. _____ Fax # (_____) _____

EMAIL ADDRESS: _____

THIS SECTION IS TO BE COMPLETED BY CUSTOMER (all fields MUST be complete)

Names of Principals	Titles	Length of time (If less than 3 yrs state prev. position)
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_____	_____	_____
_____	_____	_____

CONTROLLER _____ E-MAIL _____ PHONE _____ FAX _____

A/P Contact _____ Phone #(_____) _____ Ext. _____ Fax # (_____) _____

E-Mail Address _____

This company is a (check one): Sole Proprietorship Partnership Corporation Date of Incorporation _____

State Incorporated in: _____ Resale Tax # _____ (please provide copy)

D&B # _____ Federal Tax ID # _____

Length of time operating under present ownership _____ Previous Ownership _____

Length of time at the above address _____ Number of branches/outlets operated/managed by you _____

FRANCHISE/OTHER AFFILIATION (S) (BUYING GROUP, ETC.) _____

CREDIT LINE REQUESTED: *Financial statement may be required if requested credit is over 50k*

24 hr./Same Day* or 48-72 hr.*

COD Company Check

Net _____

*Above timetable may be postponed if 2nd & 3rd party information is delayed.

Applicant to Orange Coast Micro for the purpose of obtaining trade credit submits this Application/Bank & Trade References. Orange Coast Micro reserves the right to decline credit and/or change/ revoke applicant's credit limit on the basis of changes in Orange Coast Micro's credit policies or applicant's financial condition and/or payment record.

All sales of products and services by Orange Coast Micro to applicant will be subject to Orange Coast Micro's standard Sales Terms and Conditions and the Warranty Return Policy, which is printed on Orange Coast Micro invoices and in effect at the time of order. Any variance from those terms and conditions, Warranty Return Policy will be effective only if agreed to in writing by Orange Coast Micro prior to the time the product or services are ordered.

By signing this application, applicant certifies that all information provided on this Application/Bank & Trade is correct to the best of their knowledge. The facsimile signature shall bind the applicant applying for credit on this original document and sends the same by facsimile. Applicant hereby authorizes the release of credit and banking information to Orange Coast Micro by the references and financial institutions listed on this application. In Event of default or unpaid invoices all invoices shall bear interest at an amount equal to 1% per month commencing on the date payment due until funds verified by Orange Coast Micro's bank. Orange Coast Micro shall be entitled to any and all costs of associated expenses incurred, including and without limitation, attorney's fees and costs relating to any and all collections, judgments, arbitration, trial bankruptcy or creditors rights proceedings. For international/partnership proprietorship customer, the undersigned hereby personally guarantee's the payment of all obligations to Orange Coast Micro.

Date: _____

Signature: _____

Print Name: _____

Title: _____

Return completed application and resale certificate/card to:

Orange Coast Micro

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BANK & TRADE REFERENCE

Business Legal Name (as it appears on business license) _____
Business Trade Name (DBA) _____

Please check box if Bank and Trade Reference sheet is attached, proceed to Authorization to Release Information section.

BANK INFORMATION (please list previous bank if account open less than 6 months)

1 st Bank			2nd Bank		
Name _____			Name _____		
Street Address _____			Street Address _____		
City, State, Zip _____			City, State, Zip _____		
Acct. Officer _____			Acct. Officer _____		
Telephone # (____) _____			Telephone # (____) _____ Fax		
Fax (____) _____			(____) _____		
Checking Acct. No. _____	Savings Acct. No. _____	Loan No. _____	Checking Acct. No. _____	Savings Acct. No. _____	Loan No. _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PRIMARY SUPPLIERS (Purchases During Last 12 Months, Preferably in the U.S.A.)

COMPANY NAME	TERMS OF SALE	CONTACT	ACCOUNT #	PHONE#	FAX#
_____	_____	_____	_____	(____) _____	(____) _____
_____	_____	_____	_____	(____) _____	(____) _____
_____	_____	_____	_____	(____) _____	(____) _____

AUTHORIZATION TO RELEASE INFORMATION

Please accept this as authorization to release the requested information to Orange Coast Micro, for the purpose of extending credit. I understand that this information will be kept in strictest confidence between your organization and Orange Coast Micro. I hereby authorize the release of information to be faxed to Orange Coast Micro.

Authorized Signature: _____ Date: _____

Please print name & title of Authorized signer: _____

Orange Coast Micro

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