

NEW CLIENT CREDIT APPLICATION

SALESPERSON _____ CREDIT LIMIT/CLIENT CODE _____

COMPANY NAME _____ CONTACT _____

BILLING ADDRESS _____ TITLE _____

CITY _____ STATE _____ ZIP _____ - _____

SHIPPING ADDRESS _____ (If Billing Address is PO Box, must include Shipping Address)

CITY _____ STATE _____ ZIP _____ - _____

PHONE () _____ FAX () _____

Type of Entity: Proprietorship Partnership Corporation Other: _____

If Incorporated: State of Incorporation: _____ Year of Incorporation: _____

Employer Identification # _____ Social Security # (If not Incorporated) _____

If trading as a DBA, please enter DBA name _____ (Enter legal company name above)

Type of company _____

Years in bus _____ Years in present location _____ # of employees _____ Est annual sales \$ _____

Has the firm or any of it's principals ever been bankrupt? Yes No (If yes, please attach explanation)

BANK REFERENCE

BANK NAME _____ CONTACT _____

STREET _____ TITLE _____

CITY _____ STATE _____ ZIP _____ - _____

PHONE () _____ FAX () _____

ACCOUNT NUMBER _____ (Required by Bank Policy and RMA Code of Ethics)

TRADE REFERENCES

COMPANY NAME _____ CONTACT _____

STREET _____ TITLE _____

CITY _____ STATE _____ ZIP _____ - _____

PHONE () _____ FAX () _____

COMPANY NAME _____ CONTACT _____

STREET _____ TITLE _____

CITY _____ STATE _____ ZIP _____ - _____

PHONE () _____ FAX () _____

TERMS OF SALE / CREDIT AUTHORIZATION

Our Terms of Sales: All invoices are due and payable upon receipt. Any portion unpaid after 30 days is considered delinquent and future orders may be C.O.D. Delinquent amounts are subject to a service charge of 1.5% per month (18% per year) accumulated on the balance owed. I agree, any unpaid balances are my responsibility and not that of any third party. I also agree, if our account becomes delinquent to pay reasonable costs and expenses of collection, including attorneys fees and court costs. Anchor reserves the right to limit open credit to specific amount. The undersigned hereby authorizes the above named references to disclose any and all information regarding your account to Anchor Computer, Inc.

NAME _____ SIGNATURE _____

TITLE _____ DATE _____

PLEASE PRINT, SIGN AND FAX COMPLETED APPLICATION TO ANCHOR AT 631-293-0891

1300 Walt Whitman Rd, Suite 103, Melville, NY 11747 Phone 631-293-6100

