

CONFIDENTIAL CREDIT APPLICATION

COMPANY INFORMATION

Company Name:		
Telephone:	Fax:	
Street Address:		
City:	_ State:	Zip:
Billing Address:		
City:	_ State:	Zip:
Name of Parent Company (if applicable):		
NATURE OF BUSINESS: [] VAR.	[] Retailer [] Wholesaler	[] Direct Seller
[] Consultant [] Catalog/Mail-Order	[] Manufacturer [] Other	
OWNERSHIP: [] Corporation [] Par	rtnership [] Proprietorship	
Date Established: E	expected Monthly Requirements S	5:
Number of Employees: Tax ID #: _	Σ	0 & B #:
Expected Monthly Requirements \$		
	PRINCIPALS / OFFICERS	OF COMPANY:
President/Owner:	Но	w Long:
A/P Contact:	Tel:	
Buyer:	Tel:	



BANK & TRADE REFERENCES

Bank	k Information:		
Nam	e of Bank:		_
Addr	ress:		_
Acco	ount #'(s):		_
Cont	act Name:	Tel:	-
Trad	le References:		
1)	Company Name:	Contact:	_
	Address:		-
	Tel:	Fax:	
A	Company Name:	Contact:	_
	Address:		-
	Tel:	Fax:	
3)	Company Name:	Contact:	_
	Address:		-
	Tel:	Fax:	
4)	Company Name:	Contact:	_
	Address:		-
	Tel:	Fax:	
Refer infor with incur	rences for the sole purposes of credit mation provided herein is to true and established credit terms. Also, that in	ission to NetCom USA to obtain account information from the a review, and all such information will be kept strictly confidential correct, and I, We agree to pay all balances to NetCom USA for the event of our default, I, We agree to pay all reasonable leganterest on owed balance(s) over 15 days past due at a rate of 10°c of DOA product.	al by NetCom USA. Further, all or credit extended in accordance al fees and collection costs
Signa	ature:	Date:	_
Print	ed Name:	Title:	_
REV	T: 0607		

17155 Gillette Ave. Irvine, CA 92614 Tel: (949) 553-0110 Fax: (949) 553-0550