



Clearing the Way - Since 1969

CREDIT APPLICATION

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NO. _____ E-MAIL _____ TYPE OF BUS. _____

OWNERSHIP: (CIRCLE ONE) CORPORATION PARTNERSHIP SOLE PROPRIETOR

COMPANY PERSONAL DATA

PRESIDENT _____ HOME ADDRESS _____

FINANCE OFFICER _____ ACCTS PAYABLE CONTACT _____

PURCHASING AGENT _____ HOW LONG IN BUSINESS _____

SALES TAX EXEMPT NO. _____ NO. OF EMPLOYEES _____

(INCLUDE CERTIFICATE COPY)

TRADE REFERENCES

NAME, FULL ADDRESS, TELEPHONE, AND EMAIL:

1. _____

2. _____

3. _____

4. _____

BANK REFERENCES



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NAME, FULL ADDRESS, BANK OFFICER NAME, TELEPHONE NUMBER AND FAX NUMBER:

FINANCIAL STATEMENT: **PLEASE ATTACH YOUR LATEST FINANCIAL STATEMENT**

APPLICANT AGREES TO PAY FOR EACH PURCHASE ACCORDING TO THE TERMS OF PURCHASE OF TOMAR ELECTRONICS, INC. IN EFFECT AT THE TIME OF EACH SUCH PURCHASE, AND TO PAY 1 ½% PER MONTH INTEREST ON ANY PAST DUE ACCOUNT. IN CONSIDERATION OF THE EXTENSION OF CREDIT BY TOMAR ELECTRONICS, INC TO THE APPLICANT AT ANY TIME AND FROM TIME HEREAFTER, APPLICANT AGREES TO PAY ACTUAL ATTORNEY'S FEE AND COLLECTION COSTS IF LEGAL ACTION IS BROUGHT UPON ANY OBLIGATION ARISING HEREAFTER OF APPLICANT TO TOMAR ELECTRONICS, INC. IN ADDITION TO THE AMOUNT OF THE OBLIGATION, IF APPLICANT IS A CORPORATION. THE UNDERSIGNED PERSONALLY GUARANTEES PAYMENT OF ALL APPLICANTS OBLIGATIONS AS THEY MAY EXIST DURING THE EXISTENCE OF APPLICANTS ACCOUNT. THIS GUARANTEE IS UNLIMITED IN AMOUNT AND DURATION AND ITS AMOUNT IS NOT LIMITED BY THE AMOUNT OF CREDIT REQUESTED HEREIN NOR BY CREDIT LIMIT GRANTED BY TOMAR ELECTRONICS, INC. EITHER INITIALLY OR AS IT MAY BE REVISED FROM TIME TO TIME. FURTHER CREDIT HEREUNDER MAY BE DENIED AT ANY TIME.

SIGNATURE _____ TITLE _____

SOCIAL SECUTIRY NO _____ DATE _____

SPOUSE'S SIGNATURE _____

(REQUIRED BY A.R.S. 25-214C)

FORM MUST BE SIGNED BY AN OWNER OR OFFICER



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AUTHORIZATION FOR RELEASE OF BANK INFORMATION

Written consent is hereby given to the following listed financial institution to release requested account information necessary to TOMAR Electronics, Inc. The information received is to be kept strictly confidential and will only be used in determining approval of an open credit line.

Financial Institution Name: _____

Address: _____

Account Number (s): _____

Signed: _____ Date: _____

Title: _____

Company Name: _____