



Phone Supplements, Inc.

Dear Valued Customer:

To follow is the credit application you have requested to establish credit with Phone Supplements, Inc. Please complete all information asked for, as it is necessary in determining the terms that will be established for your account. If the credit application is incomplete, this will result in a delay in processing your request. Please allow 5 working days for processing your request.

If you already have a credit information sheet supplied by your company, please return your credit information sheet along with the Phone Supplements, Inc., credit application. You only need to complete the sections of Phone Supplement's credit application that are not covered in your credit information sheet. **However, where signatures are required, these sections MUST be filled out for processing (e.g., Bank Authorization, Authorized Purchasers, Service Charges).**

All the information supplied will be kept confidential and will be used solely for purpose of establishing an open credit account with Phone Supplements, Inc.

Please mail the application to:

Phone Supplements, Inc.
Post Office Box 68043
Anaheim, California 92817-0843

Or you may fax your application to:

Phone Supplements, Inc.
(714)632-3803

Please contact accounting at (714)630-6306 should you have any questions.

Thank you



Phone Supplements, Inc.

CREDIT APPLICATION

For the purposes of establishing credit with **Phone Supplements, Inc.**, I the undersigned, warrant the financial information below to be true, correct and complete to the best of my knowledge and hereby authorize any credit investigation needed for verification:

CREDIT AMOUNT REQUESTED _____

Name of Business _____

Our Legal Entity is: _____ Corporation _____ Partnership _____ Sole Proprietorship

Street Address: _____

Mailing Address (if different): _____

Billing Address (if different): _____

Business Telephone: (____) _____ - _____ Facsimile Number: (____) _____ - _____

Name and Home Address of Officer(s), Partners or Owner(s)

1. _____

Full Name	Title	Home Address	City, State, Zip	Soc. Sec. No.
-----------	-------	--------------	------------------	---------------

2. _____

Full Name	Title	Home Address	City, State, Zip	Soc. Sec. No.
-----------	-------	--------------	------------------	---------------

3. _____

Full Name	Title	Home Address	City, State, Zip	Soc. Sec. No.
-----------	-------	--------------	------------------	---------------

4. _____

Full Name	Title	Home Address	City, State, Zip	Soc. Sec. No.
-----------	-------	--------------	------------------	---------------

Type of Business: _____ Number of Employees: _____ Date business started under this name and ownership? _____

Business Address is: _____ Owned/Buying _____ Rented/Leased How long at present location? yrs _____ mos _____ Remaining term of lease _____

If Non-taxable, Business Resale Permit No. (return copy with application): _____

Authorized Purchasers:

1 _____

Printed Name	Signature	Company Purchase Order Required?
--------------	-----------	----------------------------------

2 _____

Printed Name	Signature	Company Purchase Order Required?
--------------	-----------	----------------------------------

3 _____

Printed Name	Signature	Company Purchase Order Required?
--------------	-----------	----------------------------------

A late payment **Service Charge** will be computed at the periodic rate of **1 ½ percent per month**, which is an **Annual Percentage Rate of 18 percent**, and will be applied to any unpaid balances commencing 30 days after invoice date.

READ BEFORE SIGNING: I/WE DO HEREBY AGREE TO THE SELLER'S TERMS AND CONDITIONS AS DOCUMENTED BY THE SELLER AND AGREE TO MAKE ALL TIMELY PAYMENTS AS DUE. I/WE FURTHER AGREE THAT IF THERE IS ANY LEGAL ACTION TAKEN BY THE SELLER AGAINST THE BUYER FOR DEFICIENCIES ARISING UNDER SAID CONTRACT, ALL LEGAL ACTIONS WILL BE LITIGATED IN CALIFORNIA. IF LEGAL ACTION IS REQUIRED FOR COLLECTION OF SAID INVOICE, AND A JUDGMENT IN FAVOR OF THE SELLER IS GRANTED, BUYER HEREBY AGREES TO PAY ANY SAID COSTS ASSOCIATED WITH COLLECTING THE INVOICE, INCLUDING BUT NOT LIMITED TO LEGAL FEES.

Signature: _____

Print Name: _____

Title _____

Principal Suppliers (three major suppliers with whom you have established credit)

1. Name: _____

Address: _____

Telephone Number: _____ **Fax Number:** _____

2. Name: _____

Address: _____

Telephone Number: _____ **Fax Number:** _____

3. Name: _____

Address: _____

Telephone Number: _____ **Fax Number:** _____

If you are providing your own Credit Information Sheet please make sure it contains the fax numbers of your vendors.



Phone Supplements, Inc.

Bank: _____

Account Name: _____
Bank Name: _____ Bank Address: _____
Bank Phone Number: _____ Bank Fax Number : _____
Business Checking Account No.: _____
Business Savings Account No.: _____

I hereby authorize Phone Supplements, Inc., to inquire into the above bank references and obtain otherwise private information about this company, for the purposes of establishing credit with Phone Supplements, Inc. I also understand that Phone Supplements may not use the information released for any other purposes and may not release the information to any other business unless so authorized.

Authorized Person (Print Name) _____ Signature _____
Title: _____

For Bank Use Only

The above is the signed authorization from _____ approving the release of information on listed account(s).

Date account opened _____

Average Balance _____

Comments _____

Order Pending your immediately response will be appreciated.

Please fax to (714) 632-3803

Thank you for your help.

Sincerely,

**Kay Miller
Accounting Mgr.**