



Credit Application

Please complete, sign, and return this form along with a copy of your Credit References and (if applicable) Reseller Certificate.

Company Information

Company Name:		Street Address:	
Telephone:		City, State, and Zip Code:	
Fax:		Company Website (URL):	
Billing Address (if different from above): Street Address, City, State, and Zip Code:			
Type of Business:		Date Established:	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation		Amount of Credit Desired:	
Dunn & Bradstreet (D&B)#:		Tax ID No. (or Social Security No., if Sole Proprietorship):	
Are Written Purchase Orders Required? YES <input type="checkbox"/> NO <input type="checkbox"/>		Resale No. (if for resale, please provide copy of certificate):	
Annual Sales Volume:		# of Employees:	Current Rackmount Supplier:

Officers or Principals

President/Owner:		Phone No. & Ext:	
Email:		Fax#:	
Accounts Payable Contact:		Phone No. & Ext:	
Email:		Fax#:	
Purchasing Manager:		Phone No. & Ext:	
Email:		Fax#:	

Bank References

Bank Name:		Branch Name:	
Bank Address:		City, State, and Zip Code:	
Type of Account:		Account No.	
Bank Contact Officer:		Phone No. & Ext:	
Bank Name:		Branch Name:	
Bank Address:		City, State, and Zip Code:	
Type of Account:		Account No.	
Bank Contact Officer:		Phone No. & Ext:	



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Trade References

Company Name & Account No.		Mailing Address:	
Contact Person:		City, State, and Address:	
Phone No. & Ext.			
Fax No.	Email:		
Company Name & Account No.		Mailing Address:	
Contact Person:		City, State, and Address:	
Phone No. & Ext.			
Fax No.	Email:		
Company Name & Account No.		Mailing Address:	
Contact Person:		City, State, and Address:	
Phone No. & Ext.			
Fax No.	Email:		

Terms and Conditions

All accounts must be paid through credit card until the credit application has been completed, reviewed, and approved. Applicant agrees to pay within terms of Net30, unless otherwise stated on the invoice. Any balance remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges, costs, and legal fees shall be paid by the applicant.

Acceptance and Approval

Signing this agreement indicates your acceptance of the terms and conditions stated. In addition you hereby authorize i-Tech Company to make any and all inquiries necessary to process this credit application and waives any claim of privacy.

Name of Authorized Representative:		Title:	
Agreed and Accepted, Authorized Signature:		Phone No. & Ext.	Date: