



Compu Expert, LLC.

833 Lawson Street., City of Industry, CA 91748

Tel: (626) 581-3777 • Fax: (626) 581-3778

CREDIT APPLICATION

Company or Corporate Name		Business Name		Tel.#
				Fax#
Billing Address		City	State	Zip Code
Shipping Address		City	State	Zip Code
Business is a ___ Corporation ___ Partnership ___ Proprietorship		(check one) ___ Principal ___ Partner ___ Proprietor		
Year _____ State _____		Name _____		
FEIN# _____ Started _____ of Inc. _____		Home Address _____		
Are you a: ___ Subsidiary ___ Division (if yes, check which)		City _____ State _____ Zip _____		
Parent Company Name _____		Home Phone _____		
Address _____		Social Security # _____		
City _____ State _____ Zip _____				
Fax # _____		Accts Payable Contact _____		
Name of Controller _____		Phone _____		
Has this firm ever filed for bankruptcy? ___ (Y/N) If yes, please attach explanation. DUNs# _____				
Do you require a purchase order number before we accept an order? ___ (Y/N)				
Bank References				
Name	Contact Name	Phone #	Bank/Credit Dept. Fax #	
Street Address		City, State, Zip Code	Date Opened	
Type of Account: Checking # _____ Savings # _____ Loan # _____				
Credit References (Major Suppliers)				
1. Name		Contact Name	Phone #	
Street Address		City, State, Zip Code	Account #	
2. Name		Contact Name	Phone #	
Street Address		City, State, Zip Code	Account #	
3. Name		Contact Name	Phone #	
Street Address		City, State, Zip Code	Account #	
Financial Statements available upon request ___ (Y/N)				
<p>This credit application and agreement is submitted by Customer to Compu Expert, LLC. ("Compu Expert") in order to obtain trade credit. Customer agrees to make payment in full to Compu Expert for all amounts due according to Compu Expert's invoice on or before net due date. Customer also agrees to pay interest on all amounts that are past due. Interest can be charged monthly at 1.5%. If Customer should default in any payment(s), Compu Expert has reserved the right to declare all invoice amounts due and payable without notice to Customer. Additionally, Customer will be responsible for all collection costs and attorney fees, whether suit is filed or not, in order to collect any delinquent amount. Customer also agrees to provide Compu Expert with updated credit information on request and to provide an annual statement to Compu Expert as a condition for the continued extension of credit. The undersigned certifies that all of the information contained herein is true and correct to the best of their information, knowledge and belief. Customers agree to adhere to credit/service policies established by Compu Expert.</p>				
Authorized Individual (Print Name)		Signature	Title	Date

Companies requesting a credit line of \$10,000 and over must submit copies of their financial statement for the last two years. This information will be for the exclusive use of the credit department of Compu Expert and will remain confidential.

SALES AND USE TAX CERTIFICATE OF EXEMPTION

1. The undersigned hereby certifies he holds a valid sales and use tax certificate for the state of _____
and that he is principally engaged in the business of selling _____

2. The undersigned also certifies that the tangible personal property, described as follows,

which he shall purchase from Compu Expert will be for the purpose indicated below.

3. (Please check which applies):

_____ Resale in its present form

_____ Resale as converted into or as a component of a product produced by the undersigned.

4. The undersigned certifies he will accrue and pay any applicable use tax on any tangible personal property obtained under this certificate of exemption if it is used or consumed by the purchase.

5. I declare under penalties of false swearing that it is my belief that the vendor named herein is not required to collect the sales or use tax on the transactions covered by this certificate, and to the best of my knowledge and belief is true and correct, made in good faith, pursuant to the sales and use tax laws of the aforementioned state.

Purchaser's Firm Name _____ Certificate of Registration No. _____

Address _____

By _____

Print

Signature

Title

FINANCIAL AUTHORIZATION

TO RELEASE CONFIDENTIAL INFORMATION

To Financial Institution: _____

From Compu Expert Customer: _____

ATTENTION: BOOKKEEPING DEPARTMENT/LOAN DEPARTMENT

Please accept this as authorization to release the following information to Compu Expert for purpose of extending credit. I/We understand that this information will be kept in strictest confidence between your organization and Compu Expert.

Checking Account # _____ Savings Account # _____ Loans # _____

Date: _____ Authorized Signature _____

(OPTIONAL) INDIVIDUAL PERSONAL GUARANTEE

I, _____ residing at _____

(guarantor's name)

(home address)

for good and valuable consideration, including the extension of credit which I hereby acknowledge as having been received, do hereby personally guarantee and promise to pay any obligation to Compu Expert on demand for any indebtedness of _____, to Compu Expert which may become due.

(company name)

This guarantee shall be a continuing and irrevocable guarantee and indemnity to Compu Expert. Further, I hereby subrogate any indebtedness of _____ which it may have to me to the indebtedness of Compu Expert. (company name)

I do hereby waive notice of default, non-payment and notice thereof and to jury trial and consent to all renewals and modifications of extension of credit.

Date _____

Signature _____

Date _____

Signature _____

Please attach personal financial statements or tax return of guarantor.