

APPLICATION FOR CREDIT

Fuller Information Technology, Inc.

6040 Harrison Ave. Suite 200 Cincinnati, OH 45248

513-347-5800

Fax : 513-347-5802



Company Name		Date of Application
Street Address	(Area Code) - Phone Number	Taxpayer ID #
City	State	Zip Code

Fax #	Email
Person to contact in case of questions	
Taxable <input type="checkbox"/> yes <input type="checkbox"/> no	Tax Exemption #

If Non-Taxable please enclose a copy of your Tax Exemption Certificate

Please indicate your Company's purchasing rules :

1. Must have Purchase Order
2. Call for approval for purchases over \$ _____
3. Purchases by _____ only
4. Special Instructions:

General Information																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Legal Composition of Business</th> </tr> <tr> <td>Date Founded</td> <td>Years at Present Location</td> </tr> <tr> <td>Own <input type="checkbox"/></td> <td>Lease <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Rent <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation State _____</td> </tr> <tr> <td>Parent Corp.</td> <td>Date Incorporated</td> </tr> <tr> <td colspan="2">Nature of Business</td> </tr> <tr> <td>Amount of Credit Desired</td> <td>Estimate Annual Requirements</td> </tr> <tr> <td colspan="2">Annual Sales Volume</td> </tr> <tr> <td colspan="2">Accounts Payable Person</td> </tr> <tr> <td colspan="2" style="text-align: center;">Fuller Information Technology Use Only</td> </tr> <tr> <td colspan="2">Date _____ Approval _____</td> </tr> <tr> <td colspan="2">Acct. #: _____</td> </tr> <tr> <td colspan="2">Credit Line _____</td> </tr> <tr> <td colspan="2">Credit Terms _____</td> </tr> </table>	Legal Composition of Business		Date Founded	Years at Present Location	Own <input type="checkbox"/>	Lease <input type="checkbox"/>		Rent <input type="checkbox"/>	Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation State _____		Parent Corp.	Date Incorporated	Nature of Business		Amount of Credit Desired	Estimate Annual Requirements	Annual Sales Volume		Accounts Payable Person		Fuller Information Technology Use Only		Date _____ Approval _____		Acct. #: _____		Credit Line _____		Credit Terms _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Banking References</th> </tr> <tr> <td style="width: 5%; text-align: center;">1</td> <td>Bank Name</td> </tr> <tr> <td></td> <td>Address</td> </tr> <tr> <td></td> <td>Phone No.</td> </tr> <tr> <td></td> <td>Contact Person</td> </tr> <tr> <td></td> <td>Type of Account & No.: <input type="checkbox"/> Checking _____ <input type="checkbox"/> Savings _____ <input type="checkbox"/> Loan _____</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Bank Name</td> </tr> <tr> <td></td> <td>Address</td> </tr> <tr> <td></td> <td>Phone No.</td> </tr> <tr> <td></td> <td>Contact Person</td> </tr> <tr> <td></td> <td>Type of Account & No.: <input type="checkbox"/> Checking _____ <input type="checkbox"/> Savings _____ <input type="checkbox"/> Loan _____</td> </tr> </table>	Banking References		1	Bank Name		Address		Phone No.		Contact Person		Type of Account & No.: <input type="checkbox"/> Checking _____ <input type="checkbox"/> Savings _____ <input type="checkbox"/> Loan _____	2	Bank Name		Address		Phone No.		Contact Person		Type of Account & No.: <input type="checkbox"/> Checking _____ <input type="checkbox"/> Savings _____ <input type="checkbox"/> Loan _____
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Please submit your application today – We will begin processing it immediately! Complete this form and fax to 513-347-5802.

List of Principal Suppliers						
1	Company Name			3	Company Name	
	Address				Address	
	Phone No.	Fax No.	Acct. No.		Phone No.	Fax No.
2	Company Name			4	Company Name	
	Address				Address	
	Phone No.	Fax No.	Acct. No.		Phone No.	Fax No.

ACKNOWLEDGEMENT & AGREEMENT TO THE FOLLOWING TERMS & CONDITIONS OF SALE:

Payment Terms: In consideration of your supplying products on open account credit terms, it is understood this account is to be paid in full on terms of net 10 days FOB shipping point. I agree that, should I fail to fulfill any of the obligations under this credit agreement, fail to comply with any payment terms, or in the event any check be dishonored by my bank for any reason, or any trade/acceptance note not be paid when due, then the entire balance owing on this account will become due and immediately payable and any credit limitation established will be withdrawn. Upon such fault, I further agree to pay any and all service charges legally applied to the indebtedness due

Warranty: Fuller Information Technology, Inc. provides a three-year depot level warranty on all Checkmark PCs unless otherwise implied. Next Business Day On-site warranties may be obtained for an additional fee. Individual products may carry manufacturers' warranties. Fuller Information Technology, Inc. is not a party to these warranties and delivers these products with warranty solely on a pass-through basis.

Guarantee: I / We agree to bind myself/ourselves that I/we will personally guarantee payment of this account. The guarantor(s) hereby agree to pay all purchases within the payment terms (net 10 days FOB) and to pay an added service charge of 1.5% per month on all delinquent invoices or portion thereof until paid (or the legal maximum allowed).

The undersigned hereby states that they have the authority to make application for credit on behalf of the above-named company and agrees to the above terms and conditions of sale and certifies that the information submitted is true and correct and the information furnished is a true and accurate statement of the financial condition of the company as of the undersigned date. The undersigned also authorizes the listed supplies and banking references to respond fully when Fuller Information Technology, Inc. contacts them in connection with this Application for Credit.

Authorized Signature: _____

Date _____

Authorized Signature: _____

Date _____

Consideration for an increase or establishment of an open line of credit will be given upon receipt of this completed and signed application.

In the event my account goes out of terms, Fuller Information Technology, Inc. has my authorization to apply charges on the following Visa/MasterCard/Discover/American Express account (circle one).

Credit Card Number

Exp. Date

Authorized Signature