



DO NOT WRITE IN SHADED AREA

Salesman No. _____
Customer No. _____
Date _____

Credit Application - Page 1 of 2

FIRM AND ADDRESS

Billing Address

Firm

Street

City

_____ Zip _____
State

Phone

Shipping Address

Firm

Street

City

_____ Zip _____
State

Phone

OWNERSHIP (Date Est. _____)

Sole Proprietorship Partnership Corporation

Company is: Division Subsidiary of _____

NAMES OF PRINCIPAL OFFICERS, PARTNERS, OR PROPRIETORS

Name	Title	E-mail Address	Home Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRADE REFERENCES Please list only firms with whom you purchase on open account.

Firm	Contact Name	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is firm rated with Dun and Bradstreet? _____ If so, what rating? _____ D&B Number: _____

BANK REFERENCE

Bank

_____ Zip _____
Street City State

_____ Phone _____
Contact Title

_____ Fax _____
Account Number

Credit Limit Desired: \$ _____
Please attach a copy of your most recent fiscal year end balance sheet and income statement.

COMPANY CONTACTS

Purchasing Agent Name	Phone & ext.	Fax	E-mail
Accts Payable Mgr. Name	Phone & ext.	Fax	E-mail
Sales Mgr. Name	Phone & ext.	Fax	E-mail

PROFILE

Choose one of the business categories listed below that best describes your company.

<input type="checkbox"/> Office Products	<input type="checkbox"/> Computer Products	<input type="checkbox"/> Consumer Electronics	<input type="checkbox"/> Industrial Electronics
<input type="checkbox"/> Network Products	<input type="checkbox"/> College Bookstore	<input type="checkbox"/> Security/Locksmith	<input type="checkbox"/> Other _____

Choose one of the business types listed below that best describes your company.

<input type="checkbox"/> Retailer	<input type="checkbox"/> Dealer	<input type="checkbox"/> Distributor	<input type="checkbox"/> Wholesaler
<input type="checkbox"/> Mail Order Catalog	<input type="checkbox"/> VAR	<input type="checkbox"/> Other _____	

Annual Sales _____ How many sales people do you have? _____ Outside _____ Inside _____

Which ByteBrothers products do you plan to market?

<input type="checkbox"/> Cable Kits	<input type="checkbox"/> Heavy Duty Kits	<input type="checkbox"/> Drive Locks	<input type="checkbox"/> Access Control
<input type="checkbox"/> Specialty Security	<input type="checkbox"/> Network Testers	<input type="checkbox"/> Other _____	

Do you sell another brand of security product(s)? No Yes If yes, what are those brand(s)? _____

Do you sell another brand of network tester product(s)? No Yes If yes, what are those brand(s)? _____

RESELLERS PERMIT NUMBER

I HEREBY CERTIFY,

That I hold valid sellers permits listed below issued pursuant to the Sales and Use Tax Law from the respective states; and that the tangible personal property described herein which I shall purchase from ByteBrothers, Inc. will be resold by me in the form of tangible personal property; provided, however, that in the event any such property is used for any other purpose other than retention, demonstration, or display while holding it for sale in the regular course or business, it is understood that I am required by the Sales and Use Tax Law to report and pay the tax, measured by the purchase price of such property.

Permit No. _____ For the state of _____

CREDIT POLICY

- All accounts must complete in full this confidential ByteBrothers, Inc. Credit Application.
- Until credit approval is obtained, new accounts may be shipped C.O.D., Cash in Advance, Wire Transfer, American Express, Mastercard, or Visa.
- Our credit terms are NET 30 DAYS FROM DATE OF INVOICE. It is very important that these terms are understood and complied with. If you have any questions, please call (425) 271-9567, or e-mail us at CS@ByteBrothers.com. Accounts with a consistently late payment record will be placed on a C.O.D. or prepaid basis.
- ByteBrothers, Inc. reserves the right to hold orders when there is a past due invoice.
- Please refer to the ByteBrothers Dealer Policies and General Information Guidelines for additional information regarding ByteBrothers' policies and procedures.
- ByteBrothers, Inc. has my consent to request credit information now and for future annual updating purposes.
- Personal Guarantee: I/we the officers of the Corporation/Partnership listed above, hereby personally guarantee to ByteBrothers of 1309 North 30th Street, Renton, Washington all debts incurred and/or owed by the corporation/partnership, to ByteBrothers, Inc.

To be considered under the ByteBrothers, Inc. Program, Credit Applications MUST be signed before submission. WE CERTIFY ALL THE INFORMATION ON THIS FORM IS CORRECT.

Signed _____ Title _____
Owner or officer of firm

For _____ Date _____
Full name of firm

ByteBrothers, Inc.

7003 132nd Place S.E. / Newcastle, Washington 98059-3153
Telephone 425-917-8380 / Fax 425-917-8379 / www.bytebrothers.com / Customer Service Email: cs@bytebrothers.com