



Client Credit Application

SECTION I: BUSINESS INFORMATION

Company Name: _____ DBA: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ Corporate Web Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Prior Address: _____ City: _____ State: _____ Zip: _____

Line of Business: _____ Is this business an affiliate or subsidiary of any other business? Yes No

If yes, Name of Parent Co.: _____

Parent Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ Corporate Web Address: _____

Purchasing Contact: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____

Other Authorized Purchasers: _____

Controller: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____

A/P Contact: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____

Does your company use purchase orders? Yes No

Will any product purchased through iLinc Communications be resold and exempt from sales tax? Yes No

iLinc Communications may bill single client PO's on more than one invoice in cases where product is shipped partially due to backordered/constrained product.

Do you accept these terms? I accept. Initial here: _____

SECTION II: CREDIT INFORMATION

Corporation: State of Incorporation: _____ Proprietorship Partnership Other _____

Federal I.D. Number: _____ Dun and Bradstreet Number: _____

Date Business Established: _____ Estimated monthly purchase volume through ETS: \$ _____

Revenues: Last Fiscal Year \$ _____ Revenues: Projected Current Year \$ _____

Has business/officer filed for Bankruptcy? Yes No

Principal Name: _____ Home Phone: (____) _____ - _____ SS#: _____ - _____

Home Address: _____ City: _____ State: _____ Zip: _____

SECTION III: BANK AND/OR LENDER REFERENCES

1. Company Name: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Title: _____ Account #: _____

2. Company Name: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Title: _____ Account #: _____

SECTION IV: TRADE REFERENCES

1. Name: _____ Contact: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Contact: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

3. Name: _____ Contact: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

I/We agree to make all payments on COD 15-day 30-day terms with iLinc Communications.

If it becomes necessary to file a lien, suit or engage a collection agency or attorney, I/We agree to bear all expenses incurred (whether or not a suit is filed), including but not limited to attorney fees, court costs and interest, plus default interest at 1 1/2 % per month. I/We agree and acknowledge that the Superior Court of Arizona, in and for the County of Maricopa, is the proper venue and jurisdiction for the litigation of, or performance of, any matters relating to this credit application, or the account.

By signing below, I hereby (1) release any and all credit or financial information to iLinc Communications or its assignees; (2) certify under penalty of perjury that the information provided on this document is true and correct; and, (3) accept your conditions of sale.

SIGNATURE

DATE