



309 Laurelwood Rd. Suite 20  
 Santa Clara, CA 95054  
 800-944-6281  
 408-350-3100 (fax)

**1. BUSINESS INFORMATION**

Business Name: \_\_\_\_\_  
 Business Trade: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Telephone#: \_\_\_\_\_  
 FAX#: \_\_\_\_\_  
 Length of Time in Business: \_\_\_\_\_  
 Officer(s) President: \_\_\_\_\_  
 Vice President: \_\_\_\_\_  
 Controller: \_\_\_\_\_  
 Operated from ( ) Home ( ) Comm. Bldg.  
 Name of Landlord/Mortgage Holder: \_\_\_\_\_  
 Telephone#: \_\_\_\_\_

\*Account Sales: \_\_\_\_\_

( ) Sole Proprietorship \_\_\_\_\_

( ) Partnership \_\_\_\_\_

( ) Corporation ( State ) \_\_\_\_\_

Incorporation Date \_\_\_\_\_

Reseller Tax I. D. # \_\_\_\_\_

**Annual Sales Volume**

( ) < \$ 500 K ( ) \$ 25M – 50M

( ) \$ 500 K - \$ 1M ( ) \$ 50M – 100M

( ) \$ 1M - \$ 10M ( ) \$ +100M

( ) \$ 10M – 25M

Credit Request: \$ \_\_\_\_\_

**2. PERSONAL CREDIT INFORMATION**

Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Title: \_\_\_\_\_

Social Security Number (Optional): \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone#: \_\_\_\_\_

**3. PRIMARY SUPPLIERS (Related Industry First Purchases During the Last 12 Months )**

1.

Name	Street	City	Zip Code
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Phone	Fax	Terms	Credit Limit
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2.

Name	Street	City	Zip Code
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Phone	Fax	Terms	Credit Limit
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3.

Name	Street	City	Zip Code
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Phone	Fax	Terms	Credit Limit
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Buyer hereby represents and warrants that it is solvent and that it will pay its obligations as they come due. The terms and conditions of this agreement apply to all sales made between the two parties. The price, terms of payment, delivery information, and all matters, including warrantee information placed on the front or reverse of the invoice delivered by Seller in connection with sales shall be in the terms of sale. If no payment terms are specified, then the terms of payment shall be C.O.D. The terms of Seller's invoice and this agreement shall take precedence over anything in Buyer's Purchase Order. In the event of failure of payment when due, the undersigned personally guarantees all the payment, including all costs of collection, attorney's fees, and court cost. Customer agrees that any change in liability for any debts incurred to SST Group Inc. due to a change in customers' form of business, shall not be effective as to SST Group Inc. until SST Group Inc. receives actual notice of the change by certified mail. Buyer will not assign or pledge the goods until payment is made in full. Any such assignment or pledge shall be void. By execution thereof, Buyer agrees to be subject to the laws of and courts of the State of California.

By signing this agreement, I/We authorize the release of Credit Information to SST Group Inc. by the references made above.

**Signed:** \_\_\_\_\_ as of \_\_\_\_\_ days of \_\_\_\_\_ 20 \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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309 Laurelwood Rd. Suite 20  
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**DATE:** \_\_\_\_\_

**BANK:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**BANK OFFICER'S NAME:** \_\_\_\_\_

**ACCOUNT #:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**FAX #:** \_\_\_\_\_

**ATTN: CREDIT DEPARTMENT**

(This section should be filled by bank officer)

**Type of Account:** \_\_\_\_\_ **Date Opened:** \_\_\_\_\_

**Average Balance:** \_\_\_\_\_

**NSF checks within past 12 month:** \_\_\_\_\_ **How many:** \_\_\_\_\_

**Account Rating:**      ( ) **Very Satisfactory**  
                                   ( ) **Prompt**  
                                   ( ) **Poor**

**Comment:** \_\_\_\_\_  
 \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby authorize SST Group Inc. to share our credit experience. Please fill out the above information and fax this form directly to SST Group Inc. at 408-350-3100

\_\_\_\_\_  
**Company's Name**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**