

Type of Application Applying	FOI: () NET 30	() ()	D Company Check	
Requesting: \$		Credit Line			
Company Name:		Oredit Line	Othor	Trade Name:	
Address:			Other	rraue Name.	
Address:	State:		Zin Codo:		
Phono#:	State	Fav #:	_ Zip Code		
EMAIL:			· · · · · · · · · · · · · · · · · · ·		
EIVIAIL.		vveb page	;		
Type of Enterprise: () Pa	rtnorchin ()	Sala Proprietor	() Corpora	tion in the State of:	
Business Operated From:					
How long At Address:	() Home	Voore Estab	lichod:	FIN #:	
Appual Calca Valuma:		rears Estab	IISHEU		
Affilial Sales volume		Resale la.	X ID #		
BANK INFORMATION:					
Bank Name:	 				
Address:					
City:	State:		_Zip Code:		
Phone#:		Fax #:			
Account #:		2nd Acct or Loa	ın:		
Bank2 Name:					
Address:					
City:	State:		_ Zip Code:		
Phone#:	· · · · · · · · · · · · · · · · · · ·	Fax #:			
Account #:		2nd Acct or Loa	ın:		
TRADE INFORMATION:					
TRADE INFORMATION.					
Company Name:			Tel:		
			Fax:		
Citv:	State:		Zip Code:		
Account #:	Term	s:	Credit	Limit:	
CompanyName:			Tel:		
Address:			Fax:		
City:			Zip Code:		
Account #:	Term	S'		t Limit:	
Account #: Company Name:			Tel:		
Address:					
City:	State:		Zin Code:		
Account #:	Otato Term	S'	Credit	t Limit:	
Account #.	101111	J	Olcui	CEITHC	
THE UNDERSIGNED AUTH	IORIZES RELE	ASE OF ALL C	REDIT INFOF	RMATION REQUESTED BY	
WINTEL CORP.					
					
Signature			Da	te	



Officer(s) owner (s) Information.							
Name Home Address :	Title		SSI	N #			
Home Address :		City					
State/Zip/Tel							
NameHome Address :	Title		SSI	N #			
Home Address :		City					
State/Zip/Tel							
Name	Title		SSI	N #			
NameHome Address :		City					
State/Zip/Tel							
Name of Accounts Payable Cont	:act:		Tel:				
Authorized Purchasers:							
This Credit application and ag to as WINTEL CORP.) to obtain . For all amounts due according to WIN As interest, an amount to 1 ½ invoice amounts that are past have the right without notice to WINTEL CORP. should commagainst Customer or any Guarand other expenses, incurred transferable or assignable with become effective upon acceptants.	n trade credit. Custor ITEL CORP.'s invoice % per month, or th due. Should Custon o Customer, to decla lence any action or a rantor. Customer ago by WINTEL CORP. Ishout the prior writter ance by WINTEL CO	d by Customer to Verner agrees to make (s). Customer also be maximum provious actions. Or otherwines to pay reasor, whether or not son consent of WINTRP.	e paymen agrees to ded by lav payment unts due a se seek to able atto suit is fileo TEL COR	t in full to WINTEL CORP o pay to WINTEL CORP. w (whichever is less) for (s) WINTEL CORP. shall and payable. In the event o enforce this agreement rney (s) fees, court costs d. This agreement shall P This agreement shall			
Dated At:	_ , as of this	day	/ of	, 20			
Customer:Owner or Author	·(-)		D.:				
Owner or Author	ized Signer(s)		Print Name and Title				
INDIVIDUAL PERSONEL GUAF consideration of your extending oreferred to as the Company) he Florida of any obligation of the which may become due to you understood that this guaranty indebtedness of the Company. I to any modification of renewal of	residing atcredit at my request to ereby personally guar company and I hereby by the Company we shall be a continuing do hereby waive notice the credit agreement	rantee the payment y agree to bind mys henever the Comp ng and I irrevocable e of default non-pay hereby guaranteed	elf to pay pany shall e guaranty ment and	you on demand any sum fail to pay the same. It is and indemnity for such notice hereof and consent			
Witness:	Guarantor:			Date:			
Name :	Name:						