

CUSTOMER CREDIT APPLICATION



DATE _____

COMPANY _____

TEL NO: _____

ADDRESS _____

FAX NO: _____

CITY _____ STATE _____ ZIP _____

8 NET SALES REPRESENTATIVE: _____ CREDIT LIMIT REQUESTED: _____

BUSINESS INFORMATION

TYPE OF BUSINESS _____

YEAR ESTABLISHED: _____

PROPERTY _____ OWN _____ RENT FROM _____

TEL NO _____

LEGAL ENTITY _____ SOLE PROPRIETOR _____ PARTNERSHIP _____ COROPRATION _____

OWNER _____

SS NO _____

ADDRESS _____

TEL NO _____

CITY _____ STATE _____ ZIP _____

CORPORATION

PRESIDENT _____ VICE PRESIDENT _____

STATE INCORP. _____

YEAR INCORP. _____

TRADE REFERENCES

COMPANY _____ CONTACT: _____

TEL NO _____

ADDRESS _____ CREDIT LINE _____

FAX NO _____

CITY _____ STATE _____ ZIP _____

TERMS _____

COMPANY _____ CONTACT: _____

TEL NO _____

ADDRESS _____ CREDIT LINE _____

FAX NO _____

CITY _____ STATE _____ ZIP _____

TERMS _____

BANK REFERENCES

BANK _____ CONTACT: _____

TEL NO _____

BRANCH _____

FAX NO _____

ACCOUNT # CHECKING _____ SAVING _____ OTHERS _____

APPLICANT(S) SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS. PAST DUE INVOICES ARE SUBJECT TO INTEREST PENALTY OF 1.5% PER MONTH. APPLICANT AGREES TO PAY ANY AND ALL REASONABLE ATTORNEY FEES PLUS INTEREST IN CASE OF DEFAULT. THE APPLICANT(S) HEREBY AUTHORIZE ANY COMPANY PROVIDED ABOVE AS TRADE REFERENCE TO COMPILE AND FURNISH ANY INFORMATION CONCERNING THE APPLICANT AND THE COMPANY.

THE APPLICANT(S) HEREBY AUTHORIZES THE ABOVE LISTED BANK(S) TO RELEASE ANY REQUESTED INFORMATION CONCERNING THE ABOVE LISTED BANK ACCOUNT(S) TO 8 NET INC. FOR THE PURPOSE OF ESTABLISHING A COMPANY CHECK PAYMENT RELATIONSHIP. PLEASE EMAIL COMPLETED APPLICATION TO ACCOUNTING@8NET.COM.

AUTHORIZED SIGNATURE

PRINT NAME

TITLE

DATE