

SMARTCOMM USA INC.

Phone: 606-864-0291
Toll Free: 866-457-9527
Fax: 606-864-0292

Company Name: _____ **Phone No:** _____

DBA (if different from company name): _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Shipping Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Business Zoned as: Commercial or Residential

Form of Business: Corporation: _____ Govt. Entity: _____ Partnership: _____

Sole Proprietorship: _____ SSN: _____

Principal Owners or Officers and Titles: _____

In Business Since: _____

State Sales Tax Status: Exempt: _____ Non-exempt: _____

(A copy of the company's sales tax exemption certificate must be submitted with this application)

Bank Reference:

Name: _____

Address: _____

Telephone: _____

Contact: _____

Account Number: _____

SMARTCOMM USA INC.

Payment Method Preferred: 2%10/Net 30 COD Co Check Credit Card

Credit Line Requested: _____

TRADE REFERENCES:

Name: _____
Address: _____
Telephone : _____
Credit Contact: _____
Account Number: _____

Name: _____
Address: _____
Telephone: _____
Credit Contact: _____
Account Number: _____

Name: _____
Address : _____
Telephone: _____
Credit Contact: _____
Account Number: _____

CREDIT CARD NO: _____ Exp. Date: _____

Visa _____ Master Card _____

I hereby authorize all banks, credit bureaus, persons and companies listed on this application to furnish information and authorize the checking of credit. Insufficient fund fee is \$30.00 per check, and an interest charge of 1.5% per month will be applied to account balances becoming past due. I hereby agree to pay all collection cost, court cost and legal fees incurred to collect delinquent balances.

Company: _____ Signature: _____

Title: _____ Date: _____

Approvals:

Representative: _____ Sales Manager: _____

Date: _____ Date: _____