

Credit Application

to:

1st PC Corp.

20279 Paseo Del Prado, Walnut, CA 91789

Tel: (909) 595-2603 Fax: (626) 628-3025

Company Name: _____ Year in business: _____

Billing Address: _____ State _____ Zip _____

Tel: _____ Fax: _____

Federal Tax ID: _____ Type of Ownership: _____

Name of the Officers, Partners, or Principles:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Purchaser name: _____ Tel: _____

Email: _____ Fax: _____

A/P name: _____ Tel: _____

Email: _____ Fax: _____

No of location: _____

Resell Permit Number: _____

PLEASE INCLUDE A COPY OF YOUR RESELLER PERMIT and VOID CHECK

Business Type: (Please choose up to 3 types that best describe your business activities)

- Corporate Acct. Distributor Manufacturer Retail Chain Store
 VAR (Resale) Mail Order Retail Store System Integrators
 Wholesaler Others: _____

Top 3 Products that you currently sell and carry:

- CPU RAM Motherboard VGA Card Hard Disk Optical Drive
 Monitor Keyboard Pointing Device Laptop Cables Power Supply
 Case Printer Microphone Speaker Scanner Peripherals
 Consumer Electronics Add-On Card Industrial PC related Networking
 Audio products

Others: _____

Payment Terms Preference:

Wire Credit Card COD Cashier's Check Company Check Net _____ Days

Shipping Preference:

Deliver Will Call UPS/FedEx Truck Others: _____

Trade References:

Company Name: _____ Contact Person: _____

Email: _____ Tel: _____ Fax: _____

Company Name: _____ Contact Person: _____

Email: _____ Tel: _____ Fax: _____

Company Name: _____ Contact Person: _____

Email: _____ Tel: _____ Fax: _____

In making this application for credit, the undersigned hereby agree to guarantee the payment of all their company's obligation to 1st PC Corp on all amounts due and owing, and to pay a \$30.00 service fee on any check returned due to insufficient funds. 1st PC Corp reserves the right to charge a 2% monthly interest plus all other related fees to overdue invoices. The applicant's signature attests financial responsibility to pay invoices in accordance to the agreed upon terms. The applicant further agrees to pay for all services charges, attorney and court fees incurred in the collection of their past due balances.

Print Name of the Authorized Agent: _____

Print Title of the Authorized Agent: _____

Signature of the Authorized Agent: _____

Date: _____

* If you receive this fax or email by mistake please call us and have your fax number removed from our list. We apologize for all the inconvenience and thank you for your understanding.