

COMPUTER PALACE

2807 WILSHIRE BLVD., SANTA MONICA, CA 90403

Tel: (310) 998-1919 Fax: (310) 998-1144

CREDIT APPLICATION

Business Legal Name: _____

Other Trade Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Accounts Payable: _____ Ext: _____

Type of Ownership: () Corporation () Partnership () Proprietorship

() Other In the State of: _____ Year Established: _____

Annual Sales by Volume: \$ _____ D&B: _____

Federal Tax ID No. _____

of employees
at this location: _____

of employees
at other locations: _____

Owner/Partner/Officer #1 _____ Title: _____

Home Address: _____

Tel: () _____ SS# - - Drivers License # _____

Owner/Partner/Officer #2 _____ Title: _____

Home Address: _____

Tel: () _____ SS# - - Drivers License # _____

Owner/Partner/Officer #3 _____ Title: _____

Home Address: _____

Tel: () _____ SS# - - Drivers License # _____

Persons authorized to place order:

1. NAME: _____ Title: _____

2. NAME: _____ Title: _____

3. NAME: _____ Title: _____

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BANK REFERENCES:

1. Bank Name: _____ Account # _____

Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____
Tel: () _____

2. Bank Name: _____ Account # _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____
Tel: () _____

TRADE REFERENCES:

1. Company Name: _____ Contact Person: _____
Address: _____ City: _____ State: _____ Zip: _____
Date Opened: _____ Line of Credit: _____ Payment Terms: _____
Tel: () _____ Fax: () _____

2. Company Name: _____ Contact Person: _____
Address: _____ City: _____ State: _____ Zip: _____
Date Opened: _____ Line of Credit: _____ Payment Terms: _____
Tel: () _____ Fax: () _____

3. Company Name: _____ Contact Person: _____
Address: _____ City: _____ State: _____ Zip: _____
Date Opened: _____ Line of Credit: _____ Payment Terms: _____
Tel: () _____ Fax: () _____

The undersigned authorizes release of all credit information requested by Computer Palace.

Signature: _____ Title: _____ Date: _____

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Bank Information Release Form

I hereby authorize representation of _____ (Bank Name) to release requested information regarding
our company's bank account (s).
#1 _____ and #2 _____ for the purpose of establishing a
company check payment relationship.

Company Name: _____
Address: _____
Authorizing Agent (s): _____
Signature: _____

Print Name: _____ Date: _____

-
Bank Reference
-
-

Dear Sir or Madam:

The party referenced above has given your name as a credit source. Please kindly provide their credit history. Your prompt reply is greatly appreciated.

Account Number	1. _____	2. _____
Date Account Opened:	1. _____	2. _____
Current Balance:	1. _____	2. _____
Average Balance:	1. _____	2. _____
NON-Sufficient Funds :	1. _____	2. _____
Line of Credit:	1. _____	2. _____

Comments: _____

Name: (print) _____ Signature: _____:

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-
Default Agreement
-

(Sign Default Agreement if applying for more than \$2000.00 credit)

Should the undersigned default on any obligation incurred under the Credit Agreement between Computer Palace and Company (herein referred to as the Vendor) said Persons, Organizations, or Corporations, which the undersigned represents, will become subject to collections and/or legal action set forth by the Vendor's attorney. The undersigned agrees to the following:

1. The undersigned shall pay all actual attorney's fees including costs of any nature incurred by the Vendor in pursuing any delinquent obligation. Attorney's fee shall be equivalent to 25% of the principal amount due.
2. 1.5% per month interest will be charged on all past due invoices.
3. In the event of a dispute of litigation between the parties, it is hereby agreed that the Venue and Jurisdiction shall vest in Santa Monica, California. All other venues and choices of forum are hereby expressly waived.
4. The above court shall retain both in ram and in person jurisdiction over both the person and the property of the undersigned.
5. The undersigned further agrees to pay collection costs in the amount of 25% of the principal balance and said amount shall be added to the principal amount then due.

Company Name: _____

Officer's Signature: _____ Printed Name: _____

Title of Position: _____

PERSONAL GUARANTEE

(Sign personal guarantee if applying for more than \$5000.00 credit
and the company has less than 100 Employees)

The undersigned agrees to act as a personal guarantor for all debts incurred both now and in the future by the Company, Organization, Persons or Corporations who have signed this credit application and have been extended credit both now and in the future. Guarantor recognizes, understands and agrees that this

guarantee cannot be revoked if any principal balance remain outstanding.

*Legal Name: (printed)*_____.

*Signature:*_____.

*Home Address:*_____ *Home Phone:*_____

*SS#*_____.

*Date:*_____.