



10015 Muirlands, Ste C  
Irvine, CA 92618  
Ph: 949-583-0093  
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**Application for Credit**  
(For confidential use only)

Name of Business: \_\_\_\_\_ Ph: \_\_\_\_\_  
DBA: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ Yrs. In Business \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Type of Business \_\_\_\_\_  
Please select one: Individual Partnership Corporation  
Federal Tax # or Social Security #: \_\_\_\_\_  
Resale # (Please attach copy): \_\_\_\_\_

**Contacts:**

President/CEO: \_\_\_\_\_  
Controller/Accounts Payable: \_\_\_\_\_

**Business References:**

Company Name	Address	Ph #	Fax #
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

**Banking Information**

Name of Bank	Address	Account #	Ph#	Fax #
1	_____	_____	_____	_____
2	_____	_____	_____	_____

I (we) hereby apply for credit and/or COD terms and give permission to SoftSource and our business and banking references to inquire and release any/all credit and bank references, including the investigation of personal credit information as deemed appropriate and necessary to grant credit/COD terms.

When such credit is extended I (we) agree and understand the following:

- 1) Payment terms are specified on each invoice
- 2) A service charge of 1.5% per month will be charged on all past due invoices.
- 3) To pay any and all attorney/collection fees and costs in the event such action is taken.
- 4) A \$25 return check fee for each occurrence will be charged.
- 5) All contracts for sales are made in and governed by the State of California
- 6) In consideration of terms extended by SoftSource, I acknowledge by my signature, my personal guarantee of payment within the specified terms of each invoice
- 7) Client accepts the responsibility to determine suitability of the product/service for his/her intended use, and Client assumes all risk and liability whatsoever in connection therewith

SoftSource will process and ship your first order via a faxed copy of this agreement. Please mail back the original signed copy prior to placing your second order.

By: \_\_\_\_\_  
Signature of Corporate Officer                      Print Name and Title                      Date