

COMPONENT ELECTRONICS CORP.

PO Box 1152 Lewisville, Texas 75067

PH(972)219-1774 FX(972)221-1537

******* APPLICATION FOR CREDIT *******

(Please print or type information unless otherwise specified)

Legal Name of Business: _____

Physical Address of Business: _____

City, State, Zip Code: _____

Phone: _____ **Fax:** _____

Type of Business: Proprietorship Partnership Corporation Other

If other please specify: _____

If this is a subsidiary - Name and Address of Parent Company:

If this is a corporation - State in which business is legally incorporated: _____

Years in Business: **Company applying for credit:** _____ **Parent Company:** _____

Company Officers: Please list name, title, and phone number

Federal Tax ID#: _____ **D&B#:** _____

Bank Reference:

Name of Bank: _____

Physical Address: _____

City, State, & Zip Code: _____

Country: _____ Account Number: _____

Contact First & Last Name: _____

Contact's Phone#: _____ Contact's Fax#: _____

Trade Reference(s):

Company Name: _____

Physical Address: _____

City, State, & Zip Code: _____

Country: _____ Account Number: _____

Contact First & Last Name: _____

Contact's Phone#: _____ Contact's Fax#: _____

Company Name: _____

Physical Address: _____

City, State, & Zip Code: _____

Country: _____ Account Number: _____

Contact First & Last Name: _____

Contact's Phone#: _____ Contact's Fax#: _____

Company Name: _____

Physical Address: _____

City, State, & Zip Code: _____

Country: _____ Account Number: _____

Contact First & Last Name: _____

Contact's Phone#: _____ Contact's Fax#: _____

Default Guarantee:

I/we certify that the information contained in this application is true and correct. I/we agree to pay this account in accordance with your credit terms. I/we authorize you to verify this information and/or obtain additional information by securing data as needed. I/we understand that all past due balances will be subject to a 2% per month service charge. I/we further agree to pay 100% of all collection expenses (including but not limited to, attorney's fees and bonded collection agencies) in the event of default.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

NOTE: Only legal representatives of the business may sign.

Personal Guarantee:

In consideration for credit to be extended to the above listed business, the undersigned hereby guarantees and agrees to be personally liable for all

indebtedness incurred by the business. I agree to pay this account in accordance with your credit terms. I further agree to pay 100% of all service charges and collection expenses (including but not limited to, attorney's fees and bonded collection agencies) in the event of default.

Signed: _____ Date: _____

Your application is incomplete until we receive a copy a your resale certificate. If a resale certificate is not applicable please state reason:

ALL INFORMATION CONTAINED IN THIS APPLICATION IS
CONFIDENTIAL AND WILL BE USED SOLELY FOR
DETERMINING CREDIT TERMS TO BE EXTENDED TO YOUR
BUSINESS.

Thank you for your cooperation!
Lara Huhges, President
Component Electronics Corp.