



Company Check Application (Page 1 of 2)

1076 Florida Central Parkway
Longwood, Florida 32750
Toll Free: 800-423-2594 Tel: 407-331-7779 Fax: 407-339-0204
www.multicominc.com multicom@multicominc.com

Date: _____ Fax: _____
To: _____
Company: _____
From: _____

Company Name: _____ Years in business: _____ Years at location: _____
Billing Address: _____ E-mail Address: _____
City: _____ State: _____ 9-Digit Zip Code: _____ Estimated Credit Required: _____
Shipping Address: _____ City: _____ State: _____ 9-Digit Zip Code: _____
Accounts Payable Contact: _____

Phone No: _____ Fax No: _____ E-mail: _____
Purchasing Contact: _____
Phone No: _____ Fax No: _____ E-mail: _____

Are you taxable? Yes No Is a PO required? Yes No D & B Number: _____
Corporation: Partnership: Proprietorship: Type of business activity: _____
Headquarter Information if Applicable: Parent Company Corporate

Company Name: _____
Address/City/State/Zip: _____
Phone No: _____ Fax No: _____ E-mail: _____

<u>Officer/Partner Names</u>	<u>Title</u>	<u>Home Address</u>	<u>Telephone</u>	<u>Social Security No.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I authorize the release of bank account information to Multicom, Inc. for the purpose of establishing credit.
Authorized Signature: _____

A finance charge of 1½% per month of the unpaid balance will be added to your account on payments received past due. Annual percentage rate of 18%. The purchaser agrees to pay all costs of collection including a reasonable attorney's fee. Venue for any litigation under this credit application shall be proper only in Orange County, Florida. Sales are subject to Multicom, Inc. terms and conditions.

Signature of Principal: _____ Print Name: _____

The undersigned hereby personally guarantees any and all debts incurred by the above named business. I/We additionally agree to pay interest at 18% per year plus all costs of collection including a reasonable attorney's fee. Venue for any litigation under this credit application shall be proper only in Orange County, Florida.

Signature of Principal: _____ Print Name: _____

**All information and signatures requested must be provided.
Please furnish trade and bank references, including fax numbers, on the following page.**



Company Check Application (Page 2 of 2)

Date: _____ Fax: _____

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Trade References

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Account Number: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Account Number: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Account Number: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Account Number: _____

Bank References

Bank Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Account Number: _____ Contact: _____

*If your company has locations in the state of Florida and is not taxable on purchases from Multicom, Inc., please provide a signed copy of your annual resale certificate. **If we are not provided the certificate, we must charge sales tax.***