

# CREDIT APPLICATION



**Multicom, Inc.**  
1076 Florida Central Parkway  
Longwood, FL 32750  
407-331-7779  
800-423-2594  
Fax: 407-339-0204

Company Name \_\_\_\_\_ Year in business \_\_\_\_\_  
Billing address \_\_\_\_\_ Years at location \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Credit requested \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
AP contact \_\_\_\_\_ Purchasing contact \_\_\_\_\_  
AP phone \_\_\_\_\_ Purchasing phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Corporation  Partnership  Proprietorship  Type of Business \_\_\_\_\_  
Are you taxable? Yes  No  PO required? Yes  No  D&B #: \_\_\_\_\_

Officers/Partner Names	Title	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Terms for open account are net 30 days from date of invoice. A finance charge of 1 ½% per month on the unpaid balance will be added to your account for payments received past the due date. Annual percentage rate of 18%. The purchaser agrees to pay all costs of collection including a reasonable attorney's fee. (including appeals) 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 as provided to purchaser and published on Multicom's website. Title to goods of all purchases does not transfer, pass, or convey until all amounts including finance charges are paid.

Signature of principal \_\_\_\_\_ Date \_\_\_\_\_

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 reasonable attorney's fee (including appeals). Venue for any litigation under this credit application shall be proper only in Orange County, Florida.

Signature of principal \_\_\_\_\_ Date \_\_\_\_\_

**Trade References** (please provide fax numbers if available)

Company Name _____	Company Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
Fax _____	Fax _____
Account # _____	Account # _____

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Company Name _____	Company Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
Fax _____	Fax _____
Account # _____	Account # _____

**Bank reference**

Bank Name _____	Phone _____
Address _____	Fax _____
_____	Contact _____
Account # _____	

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**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.**

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