

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 _____ Fax _____

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 _____

Print name _____

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 _____

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 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 _____

Print name _____

Trade References (please provide fax numbers if available)

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

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

Bank reference

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

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.
