



## **Customer Information**

Business Name \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Billing Contact \_\_\_\_\_ Purchasing Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

FEIN or SSN \_\_\_\_\_

Tax Exempt? Y / N If yes a valid resale certificate should be sent with your application.

***Circle account type and complete the appropriate information below.***

Credit Card (Section A)    Open Account Terms (Section B)

### **A: Credit Card Customers** ▶ Visa ▶ MasterCard ▶ American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holders Name \_\_\_\_\_ Card Holders Signature \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

The card member acknowledges receipt of goods in the amount shown on invoice/charge slip and agrees to perform the obligation set forth in card member's agreement with the issuer and is responsible for any amounts not paid by the issuer.

---

### **B: Open Account Customers**

Bank Name \_\_\_\_\_ Bank Phone \_\_\_\_\_

Bank Account Number \_\_\_\_\_

DUNS# \_\_\_\_\_

Please provide us with a copy of your standard credit references.

The undersigned acknowledges receipt of goods in the amount shown on the invoice/receiver and agrees to pay for said goods in company check or certified funds when requested, and is responsible for all cost that may incur as a result of funds uncollected including reasonable collection fees and returned check fee's of \$50.00 for each item returned.

### Terms & Conditions

The undersigned Applicant hereby request credit to be extended to the Applicant, upon the terms and conditions hereinafter set forth, and in consideration for the granting of said credit hereby agrees as follows. Any amount due as shown by the invoice shall be paid according to the terms of the invoice. Any amount not paid as agreed above shall be considered delinquent. In the event that it becomes necessary to initiate a lawsuit or otherwise collect any sums, including service charges, which have become due from the Applicant, the undersigned and Semiconductor Support Services, Co. and it's subsidiaries, agree that the prevailing party in any litigation shall be entitled reasonable attorney's fees as awarded by the court, together with all costs of suit incurred. In addition, should it become necessary to assign a delinquent account for collection, reasonable collector's' fees and costs shall be the responsibility of the Applicant. Any variance from the above terms are objected to and shall be invalid unless made in writing and approved by an authorized officer of this corporation in writing. I, the undersigned Applicant, hereby authorize the above bank(s) / lending institutions to release any information concerning bank accounts to Semiconductor Support Services, Co. for the purpose of checking credit information. I, the undersigned Applicant, hereby authorize and it's subsidiaries to request credit information on the Applicant's company and Principal Officers.

**Applicant Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Personal Guarantee (For sole proprietors and partnerships only)

In consideration of the credit extended to Applicant, the undersigned hereby unconditionally guarantees the payment of the account stated above in all it's terms, including any modified terms made with or without notice given to the undersigned, and waives demand for payment and consents that extensions of time of payments may be granted to the Applicant without prior notice to and without releasing the liability of the undersigned.

**Signed:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_