

APPLICATION FOR CREDIT

Date _____

Company Name: _____ Phone _____
 ("Applicant")

Trade Name (if any) _____ Fax _____

Billing Address _____ **Name of:**

Date Firm Started/Incorporated _____ 1. Controller _____

State Reseller No.: _____ 2. Authorized Buying Representative _____

Nature of Business _____ 3. Accounts Payable _____

Ship Via: _____ Purchase Order Required Yes No
 (Freight Collect - Applicant has established open account with freight company)

TYPE OF OWNERSHIP: Please list Name and Home Address of PROPRIETORS or PRINCIPALS:
 (Check One) Proprietorship Partnership Corporation (State where Incorporated)

Name _____	Name _____
Address _____	Address _____
City, State _____ Zip _____	City, State _____ Zip _____
Phone _____	Phone _____

TRADE REFERENCES: **FOR PROMPT PROCESSING: PLEASE INCLUDE FAX NUMBERS!**
 Please give five (5) trade references where you are allowed to purchase on **OPEN ACCOUNT**

SUPPLIER'S NAME	ADDRESS	PHONE NUMBER	FAX NUMBER
1.			
2.			
3.			
4.			
5.			

BANK REFERENCE:

BANK NAME	BRANCH	ACCOUNT NO:
BANK PHONE NO.	BANK FAX NO.	BANK OFFICER (In charge of your account)

CREDIT LIMIT REQUESTED/DESIRED _____

I certify that all the information above is correct and that I have read and agree to abide by the terms and conditions on Page 2 of this application.

I hereby guarantee payment of all Applicant's accounts to
Intelligent Healthcare Displays

BY _____
 PRINTED NAME OF APPLICANT

 SIGNATURE

Printed Nam _____
 Signature _____
 Title _____

Title _____
 Applicant's Social Security Number or F.E.I.N. _____

Executed at: City _____
 State _____

INTELLIGENT HEALTHCARE DISPLAYS TERMS AND CONDITIONS

Applicant agrees that extension of credit by Seller shall be subject to and in consideration of the following terms and conditions:

1. Seller is authorized to contact Authorized Buying Representative Indicated on this application for verification and Applicant shall be obligated to pay for any orders make or verified by such Authorized Buying Representative.
2. Any variations from Seller's terms stated on any invoice must be set forth in a separate writing, and signed by Seller, to be honored. Payment of all amounts due shall be made as indicated on each invoice.
3. If any of Applicant's checks are returned because of insufficient funds, Seller may place Applicant on an immediate cash in advance status.
4. In the event of a shortage or dispute, Applicant must notify Seller in writing within five (5) days of receipt of merchandise, specifying the Sales Order Number, nature of dispute and amount under dispute. If Applicant fails to so notify Seller. any claims arising out of such shortage or dispute shall be deemed waived.
5. No merchandise can be returned without written authorization from Seller.
6. Invoices not paid on time are subject to a one and one-half percent (1.5%) per month (or the maximum allowable charge by law in the state in which the sale is made) late payment charge to be assessed form the first day that the balance is past due. However, no such charge shall be imposed when doing so would violate applicable law.
7. Should it be necessary to refer the account balance to a licensed collection agency or attorney for legal action, all subsequent charges and legal fees shall be paid by the Applicant. Applicant hereby waives the privilege of being sued in the county of residence and agrees that suit may be brought on the Seller's residing county.
8. The Applicant warrants that this Agreement has been carefully read and understood and that this instrument shall remain in full force and effect until written notice of revocation thereof is received by Seller.