



CREDIT APPLICATION

Legal Business Trade Name: _____ DBA: _____

Street Address: (P.O. Box not acceptable) _____

City/State/Zip: _____ Phone#: _____

Is this a residence: ___ Yes ___ No Length of time at this address: _____ Fax#: _____

Federal Tax ID(EIN): _____ Web site: _____

State Sales Tax#: _____ E-mail: _____

Type of Business: _____ D&B: _____

Form of Business: ___ Sole Proprietor ___ Partnership ___ Other: _____

___ Incorporated in the State of _____ Year Started: _____

Private / Public / S-Corp / Non-Profit / Other: _____

Owner(s)/Officer(s): Name: _____ Title: _____

Name: _____ Title: _____

Contact(s): Name: _____ Position: _____

Name: _____ Position: _____

*Please attach current Financial Statement for consideration of open account. Otherwise your account will be set up for C.O.D. only.

BANK INFORMATION

Bank Name: _____ Account#: _____

Address: _____

Phone#: _____ Fax#: _____

Contact: _____

TRADE REFERENCES

COMPANY NAME	ACCOUNT#	PHONE	FAX	TERMS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. The undersigned (hereafter referred to as 'BUYER') hereby represent and warrants that it is solvent and that it pays its obligations as they come due. The foregoing representation and warranty shall be deemed to be repeated in each Purchase Order issued by the BUYER (whether written or verbal) and shall be effectively remade each time a purchase obligation is undertaken. Until the BUYER shall notify SYSCOM COMPUTERS to the contrary, the information disclosed herein is true and can be relied upon.
2. In the event of default of payment when due, the BUYER personally guarantees the amount owed on account to SYSCOM COMPUTERS, including but not restricted to costs of collection, attorney fee and court costs.
3. The BUYER agrees to settle all legal disputes in a Broward County, Florida court.

Signature _____ Print Name _____ Title _____ Date _____



**Syscom
Computers**

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CORAL SPRINGS, FL 33076
Tel: 954-321-1990
Fax: 954-321-0699

CREDIT RELEASE AUTHORIZATION

I, _____, of _____ do hereby authorize information on my checking/saving accounts be released to SYSCOM COMPUTERS for the purpose of establishing an account with their company.

BANK NAME: _____

ACCOUNT#: _____

CONTACT: _____

PHONE#: _____

FAX#: _____

Signature

Print Name

Date

BELOW FOR BANK USE ONLY

ATTENTION: Credit Department

The Company stated above has given you as a credit reference. We would greatly appreciate your effort in completing the information below. Please be assured the information will be kept in the strictest confidence, and we will be glad to reciprocate upon your request.

If your policy allows, please fax your response back to **(954)321-0699**

REQUESTED BY: _____ OF SYSCOM COMPUTERS _____
Date

DATE ACCOUNT OPENED: _____

TYPE OF ACCOUNT: _____

AVERAGE ACCOUNT BALANCE: _____

NUMBER OF NSF CHECKS IN THE LAST 12 MONTH PERIOD: _____

LINE OF CREDIT: _____

GENERAL RATING: _____

COMMENT: _____

PROCESSED BY: _____
Position Date