ACCESS4U, INC. CUSTOMER CREDIT APPLICATION & AGREEMENT

Please Type or Print Legibly

Business Information:

Company Name: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Federal Tax ID: _____
(Attach W-9)

Shipping Address: _____ City: _____ State: _____ Zip: _____

Sales Tax Resale # _____ May we email your invoices? Y / N Years in business _____
(Attach Resale/Sales Tax Exemption Certificate) (Circle One)

Date Business Started: ____/____/____ Nature of business: _____

Type of entity: Corporation _____ Partnership _____ Sole Proprietorship _____ S Corporation _____ Other _____
(Check One)

PO Required? Y / N Loading Dock? Y / N Special shipping requirements: _____
(Circle One) (Circle One)

Purchasing Manager: _____ Email: _____ Phone: _____

Accounts Payable: Name: _____ Email: _____ Phone: _____

Shipping Notices to: Name: _____ Email: _____ Phone: _____

Bank Information

Bank Name: _____ Account # _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Credit References

1. Business Name: _____ Phone: _____
   Contact Name: _____ Fax: _____
2. Business Name: _____ Phone: _____
   Contact Name: _____ Fax: _____
3. Business Name: _____ Phone: _____
   Contact Name: _____ Fax: _____

Owner/Officers:

Name: _____ Title: _____ Email: _____ Phone: _____

Name: _____ Title: _____ Email: _____ Phone: _____

Any and all information held in strictest confidence.

Terms: Invoices are payable within 30 days of the invoice date. Claims arising from invoices must be made in writing within seven (7) business days. A finance charge of 1.5% per month will be assessed on all balances outstanding past terms. Custom orders are non-returnable. Returned merchandise will be refunded with a 20% restocking fee. A discount of 2% is offered for cash payments made within 10 days of the invoice date.
The undersigned assures that the information contained above is true and correct; and furthermore, herby authorizes the release of information from the listed credit references and banking institution to Access4U, Inc. In consideration of Access4U, Inc. extending credit to the above applicant the undersigned personally guarantees the payment of any, and all future obligations, which may be owed to Access4U, Inc., including interest, legal, and collection fees.

BY COMPLETING AND RETURNING THIS APPLICATION TO ACCESS4U, INC., THE APPLICANT REPRESENTS THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. THE APPLICANT WILL ALSO AGREE TO NOTIFY ACCESS4U, INC. OF ANY CHANGE IN COMPANY OWNERSHIP OR MANAGEMENT.

_____ _____ _____ _____
SIGNATURE **PRINT NAME** **TITLE** **DATE**

Upon completion, please send: By mail Access4U, Inc., P.O. Box 2535, Lower Burrell, PA 15068
E-mail cd@access4u.us
Fax (866) 514-9543