



Computer Incentives, L.L.C

| |
|-------------------------|
| <i>Customer number:</i> |
| <i>Customer Type</i> |
| <i>Salesperson</i> |
| <i>Pricing</i> |

Mail or Fax to: Credit Department
 8320 Nieman Road, Lenexa, KS 66214-1510 USA
 Tel: 913-894-0708 Fax: 913-492-2897

Billing Address:

Ship-to Address:

| | | |
|--------------------------------------|---------------------------|--|
| Legal name of company | Name | |
| Street | Street | |
| City, state, zip, country | City, state, zip, country | |
| Telephone number | Telephone number | |
| Person to contact for payment, Title | | |

ATTACH AUDITED FINANCIAL STATEMENT

| | | |
|-------------------------|----------------------------|------------------------------------|
| Credit limit requested: | Annual sales volume: \$ | Estimated monthly purchases: \$ |
|-------------------------|----------------------------|------------------------------------|

Sales tax exempt number (Attach signed exemption certificate): OR give Use Tax rate or county where business located.

- Corporation
- Partnership
- Proprietorship
- Other

| | | | |
|----------------------------|--|--------------------------------|--|
| Date business established: | How long at present location? | Nature of business: | |
| Fiscal year end: | Number of employees: | | |
| Business operated from: | <input type="checkbox"/> Commercial building | <input type="checkbox"/> Other | <input type="checkbox"/> Rent <input type="checkbox"/> Own |

IF CORPORATION:

| | | |
|--|--------------------|----------------|
| State/Country of incorporation: | Year incorporated: | President: |
| Treasurer: | | Vice President |
| Controlling shareholders (if not publicly traded): | | |

IF PARTNERSHIP OR PROPRIETORSHIP:

| | |
|--------------------|--------------------|
| Principal: | Principal: |
| Home address: | Home address: |
| Telephone: | Telephone: |
| Social Security #: | Social Security #: |
| Drivers license #: | Drivers license #: |



BANK INFORMATION:

| | |
|----------------------------|--------------------------|
| Bank name: | Contact name: |
| Street address: | Checking account number: |
| City, state, zip, country: | Loan account number: |
| Phone number: | Fax number: |

TRADE REFERENCES:

| | |
|---|----------------------------|
| Firm name: | Firm name: |
| Address: | Address: |
| City, state, zip, country: | City, state, zip, country: |
| Phone number: | Phone number: |
| Fax number: | Fax number: |
| Account number: | Account number: |
| Firm name: | Firm name: |
| Address: | Address: |
| City, state, zip, country: | City, state, zip, country: |
| Phone number: | Phone number: |
| Fax number: | Fax number: |
| Account number: | Account number: |
| NOTE: United States trade references will expedite processing your request. | |

My signature certifies that this information is true and correct, authorizes Computer Incentives to verify the above, and attests to our financial responsibility, ability and willingness to pay Computer Incentives invoices in accordance with agreed-upon terms.

Should those terms, now or at any future date, include a service charge for late payment or collection and attorney fees incurred seeking to enforce this agreement, we agree to pay such charges. Buyer consents to the personam jurisdiction of any court located in Johnson County, Kansas. Buyer agrees that services of process may be made by mailing a copy of summons and complaint to Buyer at its address set forth in Computer Incentives' records.

Signature: _____
 Title: _____

Date: _____