



2800 Bowers Ave, Santa Clara, CA 95051 PH. 1-866-636-6799 FX. 408-350-0355

**Please submit the following with completed credit application**

- Full detailed Dun and Bradstreet Decision/Information report (not summary report)
- Terms and Conditions initialed and signed.

Bank and Trade reference forms are acceptable; however, all areas not provided on the Bank and Trade reference must be filled out on Credit Application. Please return the credit application to the Account Receivable department. Thank you.

<b>Company Information</b>	
Legal Name:	MEMORY TEN Sales Representative:
Business Trade Name:	Billing Address:
Billing Telephone:	
Fax:	Shipping Address:
A/P Contact:	
A/P E-mail:	Owner/CFO Drivers License #:
Web Address:	Company Subsidiary:
Name or Parent Co.:	Anticipated Credit Limit: \$
<b>Ownership:</b> Corporation Partnership Proprietorship / <b>Nature of Purchase:</b> Resale Your own Use	
DUNS Number:	Product lines you purchase:
Date Established:	No. of Employees:

Name Principal Owners or Officers	Title
1.	
2.	
3.	

**Personal Guarantee**

As an inducement for MEMORY TEN, to from time to time, and by the sole discretion of the Credit Dept., extend credit to the firm named in this Application, I agree in my capacity as an Officer to make myself liable and personally responsible for all and any indebtedness to the firm. The debt may be on open account, by C.O.D. or any other method of credit extension.

Print Full Name and Title: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Trade References (Principal trade suppliers)**

<b>Reference: Three references required (Six references required if D&amp;B report is not Provided)</b>			
<b>1. Name:</b>		Contact:	
Nature of Business:			
Address:		City:	State: Zip:
Phone:		Payment terms:	
Fax:		Acct. No.:	
<b>2. Name:</b>		Contact:	
Nature of Business:			
Address:		City:	State: Zip:
Phone:		Payment terms:	
Fax:		Acct. No.:	
<b>3. Name:</b>		Contact:	
Nature of Business:			
Address:		City:	State: Zip:
Phone:		Payment terms:	
Fax:		Acct. No.:	
<b>4. Name:</b>		Contact:	
Nature of Business:			
Address:		City:	State: Zip:
Phone:		Payment terms:	
Fax:		Acct. No.:	
<b>5. Name:</b>		Contact:	
Nature of Business:			
Address:		City:	State: Zip:
Phone:		Payment terms:	
Fax:		Acct. No.:	
<b>6. Name:</b>		Contact:	
Nature of Business:			
Address:		City:	State: Zip:
Phone:		Payment terms:	
Fax:		Acct. No.:	

**Bank Reference**

Bank Name:
Contact Person:
Phone: Fax:
Account Number:
Routing Number:

**Confirmation of Information Accuracy and Release of Authority to Verify**

I hereby certify that the information in this credit application is correct. The information included in this credit application is for the use by MEMORY TEN in determining the amount and conditions to be extended. I understand that MEMORY TEN may also utilize the other sources of credit, which in considers necessary in making this determination. Further I hereby authorize the trade references listed in this credit application to release the information necessary to assist MEMORY TEN in establishing a line of credit.

I authorize the release of bank information regarding the above bank account.

Print Full Name and Title: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_