



44805 Industrial Dr., Fremont, CA 94538,

Tel: 510-668-1300, Fax: 510-217-3985
accounting@amtfcorp.com

APPLICATION FOR CREDIT

Date:

APPLICANT INFORMATION

Applicant: _____ Tax ID or Social Security No.: _____

Shipping Address: _____ Phone : _____

Billing Address: _____ Fax: _____

Corporation Partnership Proprietorship Ownership

Type of Business: _____ Year Established: _____ Annual Sales: _____ No. of Employees: _____

Owner Name: _____

BANK REFERENCES

NAME OF BANK	ACCOUNT NUMBER	PHONE	CONTACT
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1. _____

2. _____

3. _____

TRADE REFERENCES Please list only computer related trade references.

1. Company Name: _____ **Account #** _____

Company Address: _____ Contact Person: _____

City: _____ St.: _____ Zip: _____ Tel: () - _____

Fax: () - _____

2. Company Name: _____ **Account #** _____

Company Address: _____ Contact Person: _____

City: _____ St.: _____ Zip: _____ Tel: () - _____

Fax: () - _____

3. Company Name: _____ **Account #** _____

Company Address: _____ Contact Person: _____

City: _____ St.: _____ Zip: _____ Tel: () - _____

Fax: () - _____



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CONDITIONS

Applicant represents that the foregoing information has been supplied truthfully, accurately and voluntarily, and therefore authorizes A.M.T.F. Corporation to investigate its credit-worthiness, credit history and financial responsibility through any credit bureau or any reasonable means, including direct account with past and present creditors. Applicant also authorizes banks and other financial institutions to give information to A.M.T.F. Corporation about its accounts and loans. In the event of any material change in any of the information requested or provided herein, Applicant shall, within ten (10) business days of the date of the change, provide written notice of the new information to A.M.T.F.. If credit is extended as a result of the application, Applicant agrees to make payment promptly in accordance A.M.T.F. terms and conditions as listed on its invoices. In the event of non-payment, the Applicant does hereby agree to pay, in addition to the principal amounts, any applicable late charges, plus Wintec's actual attorney fees and court costs.

THIS FORM IS AN APPLICATION ONLY AND IS NON-BINDING UNTIL ACCEPTED BY A.M.T.F. Corporation. ("AMTF")

BY: _____ DATE: _____

PRINT NAME: _____

TITLE: _____

PERSONAL GUARANTEE: The undersigned named guarantors ("Guarantors"), in consideration of and to induce the extension of credit to Applicant by AMTF, hereby jointly and severally and unconditionally and irrevocably guarantee to A.M.T.F. the payment (in U.S. currency), when due, of all amounts owing (or which become owing) by Applicant to AMTF pursuant to the extension of credit to Applicant. The guarantee shall not be impaired by any event or circumstance which might operate to discharge a guarantor. Guarantors waive presentment for payment, demand, protest and notice of protest and non-payment and agree to pay all expense of enforcing this guarantee, including legal expenses. AMTF may pursue any of its rights or remedies under this guarantee without pursuing any of its rights or remedies against Applicant. Each Guarantor agrees to notify AMTF in writing of any change in its address or telephone number within 10 business days of such change. This guarantee shall inure to the benefit of any successor or affiliate of AMTF.

GUARANTOR: SOCIAL SECURITY NO: _____

NAME: _____ SIGNATURE: _____ DATE: _____

ADDRESS: _____ DRIVER'S LIC.# AND STATE: _____

GUARANTOR: SOCIAL SECURITY NO: _____

NAME: _____ SIGNATURE: _____ DATE: _____

ADDRESS: _____ DRIVER'S LIC.# AND STATE: _____

DO NOT WRITE IN THIS AREA, FOR OFFICE USE ONLY.

CREDIT EXTENDED? []YES
PAYMENT TERMS: _____
CREDIT STANDING: _____