

Atlona
1293 Mountain View Alviso rd STE A
Sunnyvale, CA 94089
Phone: 1-408-962-0515
Fax: 1-408-743-5622

ACCOUNT APPLICATION

DESCRIPTION OF BUSINESS

Legal Business Name

Business Trade Name (DBA):

Business Street Address:

Business Phone:

City, County, State, Country and Zip Code:

Business Fax:

Business Type: Sole Proprietorship Partnership Limited Liability Corporation: State of

Years in Business:

Federal I.D. No.:

D & B No.:

Gross Sales in prior Year:

Projected Sales in Current Year:

Types of Products sold: (Computer related products)

Please List Partners or Corporate Officers:

Name, Title, Home Address:

Name, Title, Home Address:

Name, Title, Home Address:

Shipping Address (Attach list if more than one shipping address)

Contact for Purchase Orders: Name & Title: Contact for Accounts Payable: Name & Title:

BANK REFERENCES

Bank Name

Account Officer's Name

Checking Account #

Address (Street, City, State, Country and Zip Code)

Saving Account #

Telephone #

Fax #

Loan #

FLOORING REFERENCE

Company Name, Address, Telephone #

Contact Name

Dealer #

TRADE REFERENCES (RELATED INDUSTRY PURCHASES DURING PAST 12 MONTHS)

Name Address Fax# Telephone # Account #

Name Address Fax# Telephone # Account #

Name Address Fax# Telephone # Account #

Name Address Fax# Telephone # Account #

This application and agreement is submitted by applicant to Atlona to obtain trade credit. Atlona reserves the right to decline credit to applicant and in the event credit is extended to applicant, to change or revoke applicant's credit limit on the basis of changes in Atlona credit policies or applicant's financial condition and/or payment record. All sales of product and services by Atlona to applicant will be subject to Atlona's standard sales terms and conditions at the time of order. Any variance from those terms and conditions will be effective only if agreed to in writing by Atlona prior to the time the product or services are ordered.

Applicant hereby authorizes the release of credit and banking information to Atlona by the reference listed on this application.

Signed at _____ as of this _____ day of _____, 20__

Officer/Owner _____

In order for us to comply with Sales and Use Tax Laws, we are required to have a signed Resale Certificate on file for the state(s) in which there is a billing and/or shipping address, EXCEPT for: AK, DE, MS, MT, NH and OR. WE ARE UNABLE TO ESTABLISH AN ESTABLISH AND ACCOUNT AND/OR SHIP PRODUCT WITHOUT HAVING A FULLY COMPLETED AND PROPERLY SIGNED RESALE CERTIFICATE ON FILE.

If your state is not among those listed on this form, please contact with our CREDIT DEPARTMENT at 408-954-8782 and order the appropriate document for your state(s).

ISSUED TO Seller: Lenexpo dba Atlona
Address: 1293 Mountain View Alviso Rd STE A
Sunnyvale, CA 94089 USA

I certify that:

is engaged as a registered:

Name of Firm (Buyer)

- wholesaler
- Retailer
- Manufacturer
- Other (Specify)

Street Address

City State Zip

Area Code Telephone Number

And is registered with the states listed below and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients, or components of a new product to be resold, leased or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing the following:

Description of Business: _____

General Description of products to be purchased from the seller:

State State Registration or ID #

I further certify that if any property so purchased tax-free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due directly to the proper taxing authority when state law so provides or informs the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____
(Owner, Partner, or Corporate Officer)

Title: _____

Date: _____