

END USER CLIENT CREDIT APPLICATION

Date _____

**Please
Note:**

1. The Prosys Information Systems Credit Department will analyze the application based on the information provided and may require additional information.
2. The Application must be signed by a corporate officer or the owner of sole proprietorships.

**Prosys Information Systems
Avalon Ridge Parkway
Norcross, GA 30071**

**Copy
To:**

GENERAL INFORMATION

**Mail
To:**

Business Trade Name (DBA)

Business Legal Name (as it appears on business license)

Business Street Address (Street, City, & Zip Code)

Business Phone

()

Billing Address (if different - Street, City, State & Zip Code)

Fax Number

()

Officer/Owner Name

Title

E-Mail

Shipping Address (if different - Street, City, State & Zip Code)

Multiple

Purchasing Department Contact

Title

E-Mail

Accounts Payable Contact

Title

E-Mail

Business Phone

()

SHIP TO ADDRESSES (Use Company letterhead to add additional addresses now or at a later time)

MULTIPLE

Name, Address (Street, City, State & Zip Code), Telephone

Contact Name

Name, Address (Street, City, State & Zip Code), Telephone

Contact Name

Name, Address (Street, City, State & Zip Code), Telephone

Contact Name

DESCRIPTION OF BUSINESS

This company is a (check one): Sole Proprietorship Corporation -- Private Public -- incorporated in the state of _____.

Is this a Leasing arrangement? ____ Yes ____ No If yes, name of Lessor _____

Length of time operating under the above business name: _____ D & B Number: _____

SIC number: _____ Federal ID Number: _____

Tax Exempt ID: _____ Please include a copy of the exemption certificate.

What is your company's total annual revenue?: _____ How many employees does your company have?: _____

Please describe your company's business:

BANK INFORMATION

1 st Bank	2 nd Bank
Address	Address
Account Officer	Account Officer
Account Number	Account Number
Telephone Number	Telephone Number

PRIMARY SUPPLIERS (Related industry first, purchases during last 12 months, preferably in the USA)

Name, Address (Street, City, State & Zip Code), Telephone	Account Number
Name, Address (Street, City, State & Zip Code), Telephone	Account Number
Name, Address (Street, City, State & Zip Code), Telephone	Account Number

PARTIAL SHIPMENTS (Amend as necessary using Company letterhead to notify Reseller)

Indicate preference below:

YES Partial shipments and invoices for product partially shipped will be accepted and paid according to the terms set forth in this agreement.

YES All orders must be shipped complete.

Attachment of preprinted credit disclosure information is acceptable provided this application is signed and dated.

This application is submitted by applicant to Prosys Information Systems for the purpose of obtaining credit. Prosys Information Systems 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 Prosys Information Systems credit policies or applicant's financial condition and/or payment record.

Applicant recognizes that Prosys Information Systems is providing a valuable service by accepting the financial risk associated with product ordered from the trade vendor ("Reseller") shown in the "Copy To" block on Page 1. Prosys Information Systems will invoice applicant for all product purchased relevant to the orders for which this application is made. The invoice created by Prosys Information Systems will reference the Reseller indicated on this document and will denote Prosys Information Systems as the "Care Of" payee. Applicant must take the necessary steps to insure that Prosys Information System is a valid vendor for the purposes of allocating invoiced amounts and issuing checks from applicants Accounts Payable Department.

Prosys Information Systems may contact applicant directly in the event of issues related to an invoice created for product shipped to applicant under the name of reseller. Applicant understands that the relationship between it and Prosys Information Systems is the result of an agreement between Prosys Information Systems and applicant's reseller. Prosys Information does not desire to enter into a trade vendor relationship with applicant and all contact related to product ordered should continue to be with reseller.

By signing this application, applicant certifies that all information provided on this application is correct to the best of applicant's knowledge. Applicant hereby authorizes the references listed on this application to release credit and banking information to Prosys Information Systems.

Terms are Net 30 Days. Additional terms and conditions applicable to this application are attached and require a signature.

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

Officer/Owner: _____