



PO Box 28928

Richmond, VA 23228

PHONE (804) 716-9007 * FAX (804) 716-9040

This application is strictly confidential.
Please print or type all information.

For office use only.
CUSTOMER NUMBER _____

ACCOUNT INFORMATION:

Application for the following type of account: __ NET 10 Terms 2% __ COD Company Check
 __ NET 30

Credit Limit Requested _____ **Signed Purchase Orders are required by Cables Plus.**
If requesting an account credit limit over \$5,000, please attach your most recent (no older than 6 months) financial statement (audited, if available) to this application to expedite processing.

BILLING ADDRESS:

Legal Name _____
Street _____
City/State/Zip _____
Phone _____
Contact + Ext. _____

SHIP TO ADDRESS:

Name _____
Street _____
City/State/Zip _____
Phone _____
(Attach list of any other ship-to-addresses)

COMPANY INFORMATION: (Please answer applicable questions) Annual Sales: \$ _____
 __ Corporation__ Proprietorship __ Partnership__ How long in business? Number Employees _____

A/P Contact _____ **A/P Contact = Ext.** _____
AP Contact Email: _____ State of Incorporation _____
Date Incorporated _____
Resale Number _____ Resale Card attached? __ Yes __ To Be Mailed
Parent company _____ Parent company phone _____
If at present location less than three years, give previous address:
Address _____ City/State/Zip _____

OWNERSHIP INFORMATION:

Name _____
Address _____
Business Phone _____
Social Security # _____

Title _____
City/State/Zip _____
Home Phone _____

Name _____
Address _____
Business Phone _____
Social Security # _____

Title _____
City/State/Zip _____
Home Phone _____

BANK INFORMATION:

Bank Name _____
Address _____
Checking Account # _____
Savings Account # _____
Contact Person _____
ABA# _____

Branch _____
City/State/Zip _____
Date Opened _____
Date Opened _____
Phone # _____

Cables Plus

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D&B NUMBER: _____

CREDIT LINE/ LOAN INFORMATION:

Bank Name _____
Address _____
Account # _____
Credit Limit _____
Contact Person _____

Branch _____
City/State/Zip _____
Date Opened _____
Current Balance _____
Phone # _____

TRADE REFERENCES:

A minimum of three vendors with credit limits equal to or greater than requested credit limit is required to process this application when requesting COD company check or net terms. If unable to submit three, please attach explanation.

Name _____
Address _____
Name _____
Address _____
Name _____
Address _____

Phone _____ Email _____
City/State/Zip _____
Phone _____ Email _____
City/State/Zip _____
Phone _____ Email _____
City/State/Zip _____

Do the principals of your company or any of their relatives work for or have any ownership of the above-listed trade references? If yes, please explain.

TERMS AND CONDITIONS:

This credit application and agreement is submitted to Cables Plus in order to obtain credit. All statements made herein are true and accurate to the best of our knowledge.

We authorize Cables Plus to make any inquiries necessary for action on this credit application and hereby indemnify Cables Plus and its agents from any liability resulting from their credit research. We believe our company is financially able to meet any commitments we have made and intend to pay promptly in accordance with the payment terms indicated on Cables Plus invoices.

We agree that if any merchandise ordered by us remains unpaid past due date, any balance so remaining unpaid shall bear interest at a rate of 1.5% per month or the maximum rate permitted by law (whichever is lesser) until paid. Cables Plus has the right, without notice to the customer, to declare all invoice amounts due and payable in case of default. Any unpaid invoices that are not paid within terms are subject to potential processing of all outstanding invoices payment via credit card information obtained from the customer. Cables Plus reserves the right to obtain credit card authorization at anytime.

In the event that it is necessary for Cables Plus to commence any actions, or otherwise seek, to enforce this agreement against the Customer and/or guarantor, customer and/or guarantor agrees to pay collection agency fees, reasonable attorney(s) fees, court costs and other expenses incurred by Cables Plus. I also agree to holding all legal proceeding in Henrico County, Virginia courts.

As an authorized representative of the applying firm, I agree to the above stated terms and conditions.

Name Printed _____ Title _____
Signature _____ Date _____

INDIVIDUAL PERSONAL GUARANTEE:

I, _____, residing at (address) _____
(City,State,Zip) _____ for and in consideration of your extending credit at my request hereby personally guarantee payment to Cables Plus are of any obligation or debt owed to it by _____ I hereby agree to bind myself to pay Cables Plus on demand any sum which may become due to it whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I do hereby waive notice of default and non-payment and consent to any modification of the credit agreement hereby guaranteed.

Guarantor _____ Witness _____
Guarantor _____ Witness _____