



Sales REP \_\_\_\_\_  
 1580 Boggs Rd Suite 800, Duluth, GA 30096  
 Tel: (770) 279-1388 Fax: (770) 931-9809

## APPLICATION FOR CREDIT

**INSTRUCTIONS:**

Please print or type, and complete it with the authorized signature(s). If Applicant is a partnership, the application must be signed by all of Applicant's partners. If a corporation, the signature must be that of an officer. Please fax to number listed above.

**APPLICANT INFORMATION**

Business Name: \_\_\_\_\_ D&B # \_\_\_\_\_ Fed ID orSS# (9 digits): \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Corporation       Partnership       Proprietorship       Ownership  
 Type of Business: \_\_\_\_\_ Year Established: \_\_\_\_\_ Annual Sales: \_\_\_\_\_ No. of Employees: \_\_\_\_\_  
 President Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Company Website \_\_\_\_\_

**BANK REFERENCES**

NAME OF BANK	ACCOUNT #	LOAN INFO (if any)	PHONE #	CONTACT
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**TRADE REFERENCES**      Please list only computer related trade references.

1. Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_ - \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_ - \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_ - \_\_\_\_\_

4. Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_ - \_\_\_\_\_



CONDITIONS

Applicant represents that the foregoing information has been supplied truthfully, accurately and voluntarily, and therefore authorizes SUNNYTECH, Inc., to investigate its creditworthiness, 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 SUNNYTECH, Inc., 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 SUNNYTECH. If credit is extended as a result of the application, Applicant agrees to make payment promptly in accordance with SUNNYTECH's 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, late fee 1.5% per month of Total amount, plus SUNNYTECH's attorney fees and court fee.

OFFICER OR  
AUTHORIZED SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PERSONAL GUARANTEE :

The undersigned named guarantors ("Guarantors"), in consideration of and to induce the extension of credit to Applicant by SUNNYTECH, hereby jointly and severally and unconditionally and irrevocably guarantee to SUNNYTECH the payment (in U.S. currency), when due, of all amounts owing (or which become owing) by Applicant to SUNNYTECH 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. SUNNYTECH may pursue any of its rights or remedies under this guarantee without pursuing any of its right or remedies against Applicant. Each Guarantor agrees to notify SUNNYTECH in writing of any change in its address or telephone number within ten (10) business days of such a change. This guarantee shall inure to the benefit of any successor or affiliate of SUNNYTECH.

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: \_\_\_\_\_