



Business Legal Name:    Doing Business As (DBA):	APPLICATION FOR CREDIT							
Mailing Address:  Street City State Zip Code Country  Phone Fax  Delivery Address: (Only If Different then Mailing. If there are multiple Delivery Addresses, Please attach List.)  Street City State Zip Code Country  Phone Fax  If Subsidiary: Name & Address of Parent Company?  Name Street City State Zip Code Country  Estimated Monthly Purchases?: Under \$10,000 \$110,000 \$510,000 \$110,000 \$50,000 \$110,000 \$50,000 \$10,000 \$40,000 \$10,000	Business Legal Name:				Corpo	oration, In State o	of	
Mailing Address:  Street City State Zip Code Country  Phone Fax  Delivery Address: (Only If Different then Mailing. If there are multiple Delivery Addresses, Please attach List.)  Street City State Zip Code Country  Phone Fax  If Subsidiary: Name & Address of Parent Company?  Name Street City State Zip Code Country  Estimated Monthly Purchases?:  Under \$10,000 \$10,000 \$50,000 Annual Sales Volume: \$  Do You Require Purchase Order #'s for your involcing?:  Year sat Present Location? Years at Present Location? Years at Present Location? Years at Present Location? Fax  Delivery Addresses. Please attach List.)  Fax  Fax  Fed ID #: Fe	Doing Business As (DBA):				LTD Partnership			
Street City State Zip Code Country  Phone Fax  Delivery Address: (Only If Different then Mailing. If there are multiple Delivery Addresses, Please attach List.)  Street City State Zip Code Country  Phone Fax  If Subsidiary: Name & Address of Parent Company?  Name Street City State Zip Code Country  Estimated Monthly Purchases?: Under \$10,000 \$10,000 \$50,000 \$50,000-100,000 Annual Sales Volume: \$  Do You Require Purchase Order #'s for your invoicing?: Year sat Present Location? Years at Present Location? Years at Present Location? Fed ID #: Fed ID #: Fed ID #:					│	nership		
Phone Fax  Delivery Address: (Only If Different then Mailing. If there are multiple Delivery Addresses, Please attach List.)  Street City State Zip Code Country  Phone Fax  If Subsidiary: Name & Address of Parent Company?  Name Street City State Zip Code Country  Estimated Monthly Purchases?:  Under \$10,000 \$10,000 \$10,000 \$50,000 Over \$100,000 Annual Sales Volume: \$  Do You Require Purchase Order #'s for your invoicing?:  Year Stablished?: Years at Present Location? Years at Present Location? Own	Mailing Address:							
Delivery Address: (Only If Different then Mailing. If there are multiple Delivery Addresses, Please attach List.)  Street City State Zip Code Country  Phone Fax  If Subsidiary: Name & Address of Parent Company?  Name Street City State Zip Code Country  Estimated Monthly Purchases?:  Under \$10,000 \$10,000 \$10,000 \$10,000 Annual Sales Volume: \$  Do You Require Purchase Order #'s for your invoicing?:  Year sat Present Location?  Year at Present Location?  Phone Fax  Do You Require Purchase Order #'s for your invoicing?:  Years at Present Location?  Ped ID #:  Fed ID #:  Fed ID #:	Street		City		State	Zip Code	Country	
Street   City   State   Zip Code   Country	Phone		Fax					
Fax	Delivery Address: (Only If Different t	then Mailing. If there are n	nultiple Delivery Addr	esses, Pleas	se attach List.)			
If Subsidiary: Name & Address of Parent Company?    Name	Street		City		State	Zip Code	Country	
Name   Street   City   State   Zip Code   Country	Phone		Fax				<del></del>	
Estimated Monthly Purchases?:	If Subsidiary: Name & Address of Parent Company?							
Under \$10,000       \$         \$10,000-\$50,000       NO         \$50,000-100,000       Annual Sales Volume: \$         Do You Require Purchase Order #'s for your invoicing?:       Year Established?:       D&B #:         YES       Years at Present Location?       Fed ID #:         Own       Own	Name	Street	City		State	Zip Code	Country	
Do You Require Purchase Order #'s for your invoicing?:  Year Established?:	☐ Under \$10,000 ☐ \$10,000- \$50,000	\$			☐ YES ☐ NO		?:	
Order #'s for your invoicing?:  Years at Present Location?  Own  Own	☐ Over \$100,000	Annual Sales volume: \$			]			
□ NO □ Own								
			cation?		Fed ID #:			
	⊔ NO		se Expires):					





		OFFICERS, I	PARTNERS.	OWNER	S:	
Title	Name	Home Addre	ess City	State	Zip Code	SSN
Title	Name	Home Addr	ess City	State	Zip Code	SSN
Financial Conta	act/Title		Phone		Fax	
Account Payab	ole Contact		Phone		Fax	
BANK RE	FERENC	ES: (List Only Fire	ns Which You Buy F	rom On Open A	Account)	
Bank Name		Address	City	State	Zip Code	
Contact		Phone	Account #		Loan # (if appl	icable)
2 <sup>nd</sup> Bank Name	9	Address	City	State	Zip Code	
Contact		Phone	Account #		Loan # (if appl	icable)
TRADE R	EFEREN	CES: (List Only F	irms Which You Buy	From On Oper	n Account)	
Name		C	ontact	Phone	Acc	ount #
Address		City	Sta	ate	Zip	Code
Name		С	ontact	Phone	Acc	ount #
Address		City	Sta	ate	Zip	Code
Name		С	ontact	Phone	Acc	ount #
Address		City	Sta	ate	<i>7</i> in	Code



INDIVID	UAL PERSO	DNAL GUARANT	TEE	
l,	residing at		for and in consideration of	
MkMx Computer Solutions extension of credit at to as the "Company"), hereby personally guarar Company and I hereby agree to bind myself to company shall fail to pay the same. It is under indebtedness of the Company. I do hereby wai of the credit agreement hereby guaranteed.  Dated	at my request to ntee the payment to MkM pay you on demand any s stood that this guarantee	x Computer Solutions in the State sum which may become due to yo shall be a continuing and irrevoca	(herein after referred e of New York of any obligation of the ou by the Company whenever the able guarantee and indemnity for such	
Signature of Witness		Print Name		
xSignature of Guarantor		Print Name		
SALES TAX CERT	IFICATE (Fill o	ut the below section only if you ar	e a <u>Reseller, Or Non-Profit</u> .)	
I, the undersigned, hereby certify that:				
I have been issued a Certificate of Authority by t	the State of	,#	, to collect State	
and Local taxes and use tax, and that this Certif				
I am principally engaged in (indicate nature of b	usiness)			
I am purchasing (Check all that apply)				
☐ Tangible personal property for resale in its p	oresent form or as a compo	nent part of tangible personal prope	rty.	
Tangible personal property for use in performing taxable services, and such property will become a component part of the tangible personal property upon which the services will be performed or will be actually transferred to the purchaser of the service in conjunction with the performance of the service.				
Service for resale.				
I understand that this certificate may not be use use tax on tangible personal property or service manner. I understand that I will incur tax liabiliti	s purchased pursuant to	this certificate and subsequently u	used or consumed by me in a taxable	
x Signature of Owner, Partner, Officer of Corporat	tion ata	Printed Name	Title	
Signature of Owner, Faither, Officer of Ociporal	tion, etc.	Fillieu Naille	ı mê	
Name of Purchaser (Company)	Street	City	State Zip	
	AGREE	MENT		
This credit application/agreement is submitted by				
X				



### **TERMS & CONDITIONS**

#### Payment Terms

Cash, Cashier's Check, Wire Transfer, Credit Card, Business Leasing or Approved Credit.

### **COD Policy**

New Customers may make payments COD Company Check for up to \$1,000. Any amount over \$1000 must be paid by Cashier's Check. After sufficient Credit Criteria is met, subsequent shipments over \$1,000 may be paid by Company Check.

#### Credit Cards Accepted

VISA, Mastercard, Discover, AMEX

#### Wire Transfer

Avoid COD Charges by Wire Transferring Funds directly to us:

Ask your MkMx Rep for details...

#### Returned Checks

All returned Checks will result in a \$20 returned Check fee and automatic status of COD Cashier's Check.

#### **Credit Terms**

Credit Terms are granted only to those companies whose credit applications have been processed and approved by our credit department. Terms are N15. There is a 2% Interest charge on all invoices over 15 days. Apply for credit terms by completing and signing our credit application. To expedite your processing, you may FAX (610)956-3040 your application to our credit department. Normal processing time is between 5-7 days. Please attach financial statements for all requests for credit over \$10,000.

#### Shipping Policy

All orders placed before 5:00 PM Eastern Time may be shipped the same day (Pending Credit Approval) with the exception of "build to order" items. Any item not in stock will be back ordered. Avoid costly sales tax by providing us with a tax exemption certificate from your state. Without this document on file, you will be charged sales tax for the State of New York.

#### Ordering Information

Any order below the \$100 minimum order level is subject to a \$5 handling charge. If an order is shipped COD, whatever COD charges are accessed by that carrier are added to your handling fees.

#### Warranties

Our DOA Policy allows the return of defective products within 10 days of purchase. All defective products that fail past 10 days must be referred to the manufacturers warranty policy. Contact your MkMx Sales Rep. for an RMA # or for assistance In obtaining an RMA # from a manufacturer.

#### Refused Product

A 20% Re-Stocking fee will be charged to any product refused.

#### Return Policy

All returned products must be shipped freight prepaid in its original packaging with all manuals. (DO NOT WRITE ON BOX!)
You will be charged for any missing or used items. We reserve the right to have our service department call to verify problems prior to any return. All returns MUST have a Return Authorization (RMA) Number assigned by your MkMx Computer Solution Sales Rep. To receive an RMA Number:
Call your Sales Rep. with the following information:

- Company Name
- Customer Number
- Invoice Number & Date
- Product Returned & Quantity
- Detailed Description of Problem
- Serial Numbers of product

Please display your RMA Number on the Shipping Label. MkMx will not accept any return without a valid RMA Number. RMA Numbers are valid for 15 days only. MkMx. will refuse any expired RMA Number.

For Internal Use Only:	
Date Received: Date Processed:	Approval: Y N Account #:
Credit check by:	<i>Terms:</i>
Sign off by:	<i>Rep:</i>