

Thank you for your interest in Acroprint Time Recorder. We always welcome new business associates and look forward to a long and financially rewarding relationship.

IMPORTANT: In an effort to improve the turn around time of your application, we request you supply fax numbers and contact names for your references and bank. Please PRINT or TYPE Application.

Please complete all information requested on the attached credit application. Failure to do so may result in delay of approval or denial of credit. Thank you.

Acroprint Time Recorder Company
Attn: Amanda Robbins - New Dealer Application
5640 Departure Drive
Raleigh, NC 27616-1841
Fax: 919-872-2336



CREDIT APPLICATION
CONFIDENTIAL FINANCIAL & CREDIT INFORMATION

PLEASE TYPE OR PRINT

Amount of credit requested \$ _____

Company Name _____

Legal Business Name _____

Email address _____

Form of Business:

Corporation Established Mo. Year
Proprietorship At Present Location Mo. Year
Partnership Present Ownership Mo. Year

Address City State Zip Code

Billing Address City State Zip Code

Business Telephone Fax Number Federal Identification Number

Principles:

Table with columns: NAME, TITLE, HOME ADDRESS, CITY, STATE, Annual Sales \$, # of Employees, Purchase Order Required?

IMPORTANT: Check one of the following:
I have given my financial statement to Dun & Bradstreet.
I will mail a copy of my financial statement. Date
My financial statement is enclosed.

Authorized Purchasers:

Accounts Payable Manager _____

Is the subject company a subsidiary or division of another company or holding company? yes no. If yes, please include on separate enclosure all pertinent credit information on it. Will the parent company be responsible for the obligation to ATR?

If ATR requests, will applicant execute a Personal Guaranty? or UCC Documents?

I hereby authorize ATR or its agents to make whatever investigative inquiries it deems necessary. In connection with my application or in the course of review and/or collection of any payments due. I further authorize all references and creditors, including banks, to release to ATR, or its agents, any and all information pertaining to my account(s).

I hereby agree to pay all invoices for purchases as disclosed on ATR invoices, subject to 1-1/2% per month service charge on past due invoices which will be compounded monthly (18% annual) until paid. I further agree to pay all reasonable collection costs, attorney's fees, and court costs necessary to collect my account whether or not a suit is commenced. ATR retains and I grant a Purchase Money Security Interest in all goods purchased by me until paid. I agree that any litigation for non-payment for goods and services shall be decided in the city where seller is located.

I certify that the information contained herein is complete and correct, and given for the purpose of obtaining credit.

SIGN BELOW:

Purchaser Signature Title Date

Credit Approved \$ Date

Credit Declined _____

APPLICATION WILL NOT BE PROCESSED UNLESS SIGNED BY DULY AUTHORIZED PERSON

TRADE REFERENCES

(Give 3 major creditors you buy from on open account.)

1. Supplier Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Person to Contact: _____
Estimated monthly purchases: \$ _____

2. Supplier Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Person to Contact: _____
Estimated monthly purchases: \$ _____

3. Supplier Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Person to Contact: _____
Estimated monthly purchases: \$ _____

BANK REFERENCE

Name of Bank: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Bank Officer Handling Account: _____
Type of Account: _____ Checking _____ Savings _____ Loan Acct. No. _____

FOR DEALERSHIP APPLICANTS

May we email you monthly promotions, the Dealer Newsletter, etc.? () Yes () No

What territory do you cover? _____

If New Enterprise, Furnish Previous Business Connection of Owners or Principals and Prior Experience:

Check Classification Applicable to Your Business:

Office Equipment _____ Time Recorder and Accessory Equipment _____ Any Other (Describe) _____

Are You Prepared to Follow Up Leads by Personal Calls? _____

Number of Salesmen Employed Inside _____ Number of Salesmen Employed Outside _____

Furnish Approximate Value of Inventory Carried \$ _____ Sales for Past Year \$ _____

List Lines Carried in Stock _____

Time Recorder Sales for Past Year \$ _____

Automated Time & Attendance Systems Sales for Past Year \$ _____

Will C.O.D. Shipment of First Order be Acceptable Pending Credit Investigation? _____

Member of What Trade Organization(s)? _____

Do You Have Service Facilities? _____



I _____ of _____ give my approval for my bank _____ to release the records on my account # _____ to **Acroprint Time Recorder Co.**

Date: _____

Authorized Signature _____

Any bank fees incurred by this request will be the responsibility of the bank customer.

