



PO BOX 4265
 Redondo Beach, CA 90277
 Tel.: 310-379-9982 * Fax.: 310-943-2451

For Completion by 7EPlus Sales Rep:
 Rep: _____ Admin: _____
 Branch: _____ SIC: _____

Credit Application

A: Please complete ALL sections A through B and be sure to sign the Release Authorization below.

Legal Name: _____

DBA/Company Name: _____

Billing Address: _____

Shipping Address: _____

Telephone: () _____ Fax: () _____

Type of Business: _____

Accounts Payable Contact Name: _____ Phone: () _____ Ext. _____

Does your company accept partial shipments? Yes No
 If YES, each invoice must be paid in full as shipped.

Authorization to Release Credit Information

The undersigned authorizes and instructs any person, consumer reporting agency or bank institution to compile and furnish 7EPlus, Inc. with credit information it may have. Undersigned further states that all of the above statements are true and complete and are made to 7EPlus, Inc. to obtain financing of equipment. I hereby certify that the above information is correct, and I authorize 7EPlus, Inc. to verify same. The undersigned agrees to pay all invoices on the terms that are designated.

Name (print) _____ Signature X _____ Officer-Title _____ Date _____

B: Please provide the information below. If you have a prepared credit information sheet that contains the required information for Part B, please attach to this form. However, remember to sign the Release Authorization in Section A.

List Officer s Names; If Corporation (if partnership, list principals) **Are you a Corporation?** YES NO

President _____ Vice President _____ Treasurer _____

Secretary _____ Controller _____ Buyer _____

Date Business Established _____ How long at present location? _____ No. of Employees? _____ D&B #: _____

Banking Reference (Must have account

Bank _____ Branch _____ Account No. _____

Bank Address _____ City _____ State _____ Zip _____

Bank Officer (Contact) _____ Phone () _____

Trade References (Please list three)

1. Company _____

Address _____ City _____ State. _____ Zip _____

Phone () _____ Contact _____ Account No. _____

2. Company _____

Address _____ City _____ State. _____ Zip _____

Phone () _____ Contact _____ Account No. _____

3. Company _____

Address _____ City _____ State. _____ Zip _____

Phone () _____ Contact _____ Account No. _____

C: Amount of Credit being requested: \$ _____