

NEW CUSTOMER ACCOUNT APPLICATION



1539 N.W. 79th Avenue – Miami – Fl 33126
U.S.A.
Tel: 305-471-9799 – Fax: 305-471-9799

PLEASE PRINT

I. COMPANY INFORMATION

from: Ms. Aida Rodriguez (Accounting Dept. Manager)

COMPANY/CORPORATION NAME		BUSINESS NAME (DBA)		TEL.#
				FAX#
BILLING ADDRESS		CITY	STATE	ZIP CODE
SHIPPING ADDRESS		CITY	STATE	ZIP CODE
INTERNET ADDRESS			E-MAIL	
OWNERSHIP		DATE ESTABLISHED		
<input type="checkbox"/> CORPORATION, IN STATE OF _____ <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP		DUN & BRADSTREET # _____		
NATURAL OF BUSINESS (CHECK ONE)				
<input type="checkbox"/> VAR <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/> DIRECT SALES <input type="checkbox"/> CONSULTANT <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> OTHER _____				
ANNUAL SALES VOLUME \$ _____		PRINCIPAL OFFICERS		
NUMBER OF EMPLOYEES _____		PRESIDENT _____ SSN _____		
RESELL PERMIT # _____ STATE _____		HOME ADDRESS _____		
ARE YOU A <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> DIVISION		CITY _____ STATE _____ ZIP _____		
PARENT COMPANY NAME _____		DRIVER'S LICENSE # _____ STATE _____		
ADDRESS _____		VICE PRESIDENT _____ SSN _____		
CITY _____ STATE _____ ZIP _____		HOME ADDRESS _____		
WILL PARENT COMPANY GURANTEE PAYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		CITY _____ STATE _____ ZIP _____		
DO YOU REQUIRE A PURCHASE ORDER NUMBER BEFORE WE ACCEPT AN ORDER <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVER'S LICENSE # _____ STATE _____		
HAS THIS FIRM EVER FILED FOR BANKRUPTCY? IF YES, PLEASE ATTACH AN EXPLANATION <input type="checkbox"/> YES <input type="checkbox"/> NO		PURCHASING MANAGER _____ SSN _____		
		ACCOUNTING MANAGER _____ SSN _____		
		A/P CONTACT _____		

II. BANK REFERENCES

BANK NAME		CONTACT PERSON		TEL. #
				FAX #
CHECKING ACCOUNT #		SAVINGS ACCOUNT #		LOAN/CREDIT LINE #
BANK ADDRESS		CITY	STATE	ZIP CODE
BANK NAME		CONTACT PERSON		TEL. #
				FAX #
CHECKING ACCOUNT #		SAVINGS ACCOUNT #		LOAN/CREDIT LINE #
BANK ADDRESS		CITY	STATE	ZIP CODE

III. CREDIT CARD INFORMATION

CREDIT CARD NUMBER		NAME ON CARD		EXPIRATION DATE
BILLING ADDRESS		CITY	STATE	ZIP CODE
TYPE OF CARD (CHECK ONE)				
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> OTHER _____				

IV. TRADE REFERENCES

from: Ms. Aida Rodirgues (Accounting Dept. Manager)

COMPANY NAME	ACCOUNT #	TEL. #		
		FAX #		
COMPANY ADDRESS	CITY	STATE	ZIP	
PAYMENT TERMS	CONTACT			

COMPANY NAME	ACCOUNT #	TEL. #		
		FAX #		
COMPANY ADDRESS	CITY	STATE	ZIP	
PAYMENT TERMS	CONTACT			

COMPANY NAME	ACCOUNT #	TEL. #		
		FAX #		
COMPANY ADDRESS	CITY	STATE	ZIP	
PAYMENT TERMS	CONTACT			

V. AGREEMENT

THIS CREDIT APPLICATION AND AGREEMENT IS SUBMITTED BY **CUSTOMER** TO **MICROSIDE CORP.** (HEREAFTER **MICROSIDE**) TO OBTAIN GRADE CREDIT. **CUSTOMER** AGREES TO MAKE PAYMENT IN FULL TO **MICROSIDE** FOR ALL AMOUNTS DUE ACCORDING TO **MICROSIDE'S** INVOICE(S). **CUSTOMER** ALSO AGREES TO PAY TO **MICROSIDE**, AS INTEREST, AN AMOUNT EQUAL TO 1.5% PER MONTH, OR THE MAXIMUM PROVIDED BY LAW (WHICHEVER IS LESS) FOR INVOICE AMOUNTS THOSE ARE PAST DUE. SHOULD **CUSTOMER** DEFAULT IN ANY SUCH PAYMENT(S), **MICROSIDE** SHALL HAVE THE RIGHT WITHOUT NOTICE TO **CUSTOMER** TO DECLARE ALL INVOICE AMOUNTS DUE AND PAYABLE. IN THE EVENT **MICROSIDE** SHOULD COMMENCE ANY ACTION OR ACTIONS, OR OTHERWISE SEEK TO ENFORCE THIS AGREEMENT AGAINST **CUSTOMER** OR ANY **GUARANTOR**, **CUSTOMER** AGREES TO PAY REASONABLE ATTORNEY(S) FEES, COLLECTION FEES, COURT COSTS AND OTHER EXPENSES INCURRED BY **MICROSIDE**, WHETHER OR NOT SUIT IS FILED.

NAME (PLEASE PRINT) SIGNATURE TITLE DATE

VI. PERSONAL GUARANTEE

I, _____
NAME (PLEASE PRINT) RESIDING AT _____

FOR AND IN CONSIDERATION OF YOUR EXTENDING CREDIT AT MY REQUEST TO _____ (HERE-AFTER COMPANY), I HEREBY PERSONALLY GUARANTEE THE PAYMENT TO MICROSIDE CORP., IN THE STATE OF FLORIDA, OF ANY OBLIGATION OF THE COMPANY AND I HEREBY AGREE TO BIND MYSELF TO PAY YOU DEMAND ANY WHICH MAY BECOME DUE TO YOU BY THE COMPANY WHENEVER THE COMPANY SHALL FAIL TO PAY THE SAME.

SIGNATURE SOCIAL SECURITY # DATE

VII. AUTHORIZATION

THE UNDERSIGNED AUTHORIZES RELEASE OF ALL CREDIT INFORMATION BOTH BUSINESS AND/OR PERSONAL REQUESTED BY MICROSIDE CORP., THIS FORM MAY BE REPRODUCED AND A FAXED COPY SHALL BE AS EFFECTIVE CONSENTS AS THE ORIGINAL, WHICH I HAVE SIGNED. THE UNDERSIGNED ALSO AUTHORIZED MICROSIDE, CORP. TO CHARGE TO THE CREDIT CARD FOR ALL PASS DUE INVOICES OR INSUFFICIENT CHECKING ACCOUNT.

AUTHORIZED OFFICER (PRINT NAME) SIGNATURE TITLE DATE

RESALE CERTIFICATE

From: Ms. Aida Rodriguez (Accounting Dept. Manager)

TO OUR CUSTOMER:

IN COMPLIANCE WITH SALES AND USE TAX LAWS IT IS NECESSARY THAT WE HAVE FROM ALL OUR CUSTOMERS A SIGNED RE-SALE CERTIFICATE, WITH THEIR STATE SALES TAX PERMIT NUMBER, TO SHOW THAT THE MERCHANDISE HAS BEEN PURCHASED FOR RE-SALE.

THE GOOD FAITH OF THE SELLER WILL BE QUESTIONED IF HE HAS KNOWLEDGE OF FACTS WHICH GIVE RISE TO A REASONABLE INFERENCE THAT THE PURCHASER DOES NOT INTEND TO RESELL THE PROPERTY AS FOR EXAMPLE, KNOWLEDGE THAT A PURCHASE OF PARTICULAR MERCHANDISE IS NOT ENGAGED IN THE BUSINESS OF SELLING THAT KIND OF MERCHANDISE.

UNDER " DESCRIPTION OF PORPERTY TO BE PURCHASED: THERE MAY APPEAR:

1. EITHER AN ITEMIZED LIST OF THE PARTICULAR PROPERTY TO BE PURCHASED FOR RESALE, OR
2. A GENERAL DESCRIPTION OF THE KIND OF PROPERTY TO BE PURCHASED FOR RESALE. SUCH CERTIFICATE IS GOOD UNTIL REVOKED IN WRITING.

PLEASE INSERT YOUR NEW SALES TAX PERMIT NUMBER, WITH YOUR SIGNATURE AND ADDRESS ON THE ATTACHED RE-SALE CERTIFICATE AND RETURN IT TO US AT ONCE.

FIRM NAME: _____

I HEREBY CERTIFY, THAT I HOLD VALID SELLER'S PERMIT NO. _____
ISSUED PURSUANT TO THE SALES AND USE TAX LAW; THAT I AM ENGAGED IN THE BUSINESS OF SELLING

THAT TANGIBLE PERSONAL PROPERTY DESCRIBED HEREIN WHICH I SHALL PURCHASED FROM:

MICROSIDE Corp.

WILL BE RESOLD BY ME IN THE FORM OF TANGIBLE PERSONAL PROPERTY; PROVIDED, HOWEVER, THAT IN THE EVENT ANY OF SUCH PROPERTY IS USED FOR ANY PURPOSE OTHER REGULAR COURSE OF BUSINESS. IT IS UNDERSTOOD THAT I AM REQUIRED BY THE SALES AND USE TAX LAW TO REPORT AND FOR THE TAX, MEASURED BY THE PURCHASE PRICE OF SUCH PROPERTY.

DESCRIPTION OF PROPERTY TO BE PURCHASED: _____

DATE OF _____, YEAR OF _____ SIGNATURE _____

AT _____ BY AND TITLE _____

PHONE _____ ADDRESS _____

**AUTHORIZATION TO
RELEASE CONFIDENTIAL INFORMATION**

from: Aida Rodriguez (Accounting Dept. Manager)

TO BANK: _____

BANK NAME: _____

ADDRESS: _____

PHONE #: _____

CONTACT: _____

PLEASE ACCEPT THIS AS AUTHORIZATION TO RELEASE INFORMATION REGARDING OUR ACCOUNTS LISTED BELOW TO **MICROSIDE Corp.**, FOR THE PURPOSE OF EXTENDING CREDIT. I UNDERSTAND THAT THIS INFORMATION WILL BE KEPT IN STRICTEST CONFIDENCE BETWEEN YOUR ORGANIZATION AND **MICROSIDE Corp...**

CHECKING ACCOUNT NUMBER: _____

SAVINGS ACCOUNT NUMBER: _____

AUTHORIZED OFFICER (PRINT NAME)

SIGNATURE

TITLE

DATE

INSTRUCTION FOR WIRE TRANSFER (T/T)

from: Ms. Aida Rodriguez (Accounting Dept. Manager)

To our customers:

Please advise your bank to wire fund to MICROSIDE Corp. account per following information.

Please request Banking Information from your Microside Corp., Sales Representative

Note:

- Incoming wire transfer usually takes one to three business days. Your order may not be released until confirming of receiving the fund.
- In order to speed up the transaction, please advise your bank to wire through General Bank directly.
- It is customer's responsibility to pay all necessary bank service charges related to the fund transaction.
- For questions regarding bank information or status of a fund transaction, please contact your sales representative.

Thank you for your cooperation.

Please Fax the above information to:

Ms. Aida Rodriguez
Accounting Manager
Microside Corp.
1539 N.W. 79th Avenue
Miami – Fl 33126 – U.S.A.
Tel: (305) 471-9799 – Fax: (305) 471-9755