



CREDIT APPLICATION FORM

COMPANY INFORMATION:

COMPANY NAME: _____ CONTACT PERSON: _____
 ADDRESS: _____
 TELEPHONE NO. _____ FAX NO. _____
 FEDERAL TAX ID NO. _____ RESELLER PERMIT NO. _____
 DATE STARTED: _____ NO. OF EMPLOYEES: _____
 ESTIMATED MONTHLY PURCHASE: _____
 ANNUAL REVENUES: _____

PRINCIPLE OFFICER OF COMPANY:

PRESIDENT: _____ HOME TELEPHONE NO. _____
 S.S. NO. _____ DRIVER LICENSE NO. _____
 HOME ADDRESS: _____

BANK INFORMATION:

BANK NAME: _____
 ACCOUNT OPEN DATE: _____
 CHECKING ACCOUNT NO: _____
 SAVING ACCOUNT NO: _____
 CONTACT PERSON: _____ TEL NO. _____ FAX NO. _____

TRADE REFERENCE:

(1) COMPANY NAME: _____ CONTACT PERSON: _____
 TEL _____ FAX _____ TERMS: _____
 CREDIT LIMIT: _____
 ADDRESS: _____
 (2) COMPANY NAME: _____ CONTACT PERSON: _____
 TEL _____ FAX _____ TERMS: _____
 CREDIT LIMIT: _____
 ADDRESS: _____

I/WE HEREBY APPLY TO JPAC COMPUTER TO OBTAINING CREDIT OR RECONFIRMATION OF OUR EXISTING ACCOUNT THE UNDERSIGNED GIVES AND GRANTS VENDER PERMISSION TO VERIFY ALL INFORMATION STATED HEREIN. I/WE HEREBY AGREE THAT ALL CREDIT GRANTED AND/OR EXTEND SHALL BE REPAID IN TIMELY FASHION.

 AUTHORIZED BY (TYPE / PRINT) TITLE SIGNATURE DATE

PLEASE SIGN AND FAX THIS BACK TO US AT (626) 961-6883



BANK CREDIT VERIFICATION FORM

(CUSTOMER, PLEASE FILL OUT THE TOP PORTION BELOW FOR BANK TO RELEASE YOUR ACCOUNT REFERENCE.)

COMPANY NAME :

BANK NAME : _____ ACCT. OFFICER: _____

BANK ADDRESS: _____

BANK PHONE: _____ FAX : _____ LOAN NO. _____

CHECKING ACCT No. _____ SAVING ACCT No. _____

IN ORDER TO INDUCE JPAC COMPUTER TO EXTEND CREDIT FOR THE PURCHASE OF JPAC COMPUTER'S PRODUCTS AND FOR OTHER GOODS AND VALUABLE CONSIDERATION. WE HEREBY CONVEY, GRANT AND TRANSFER TO JPAC COMPUTER A PURCHASE MONEY SECURITY INTEREST IN THE PRODUCTS AND ALL PROCEEDS THEREFROM UNTIL WE PERFORM ALL OF OUR OBLIGATIONS HEREUNDER. WE FURTHER AGREE TO PAY ALL COLLECTION FEES, REASONABLE ATTORNEY FEES, COURT COSTS, AND OTHER EXPENSES INCURRED BY JPAC COMPUTER BY SIGNING THIS AGREEMENT.

I/WE AUTHORIZE THE RELEASE OF CREDIT AND BANKING INFORMATION TO JPAC COMPUTER.

AUTHORIZED SIGNATURE	PRINT NAME AND TITLE	DATE
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*****FOR BANK USE ONLY---DO NOT WRITE IN THIS SECTION*****

ACCOUNT NO : _____

CHECKING A/C

SAVINGS A/C

OTHER

OPEN DATE : _____

CURRENT BALANCE : _____

AVERAGE BALANCE : _____

ACCOUNT RATING : _____

NSFS: NO YES How many times _____ Date of Last NSF CHECK _____

COMMENTS : _____

SIGNATURE	PRINT NAME AND TITLE	DATE
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PLEASE FAX THIS BACK TO US AT (626) 961-6883