

APPLICATION FOR BUSINESS CREDIT

WITH

ID Enhancements, Inc.
P O BOX 1557, Hartsville, SC 29551
Tel No. (843) 332-3707
Fax No. (843) 332-4866

DATE: _____

===== **BUSINESS INFORMATION-MUST BE COMPLETED** =====

Bill To:

NAME: _____
STREET ADDRESS: _____ **PO BOX** _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **FAX:** _____ **COUNTY:** _____

Ship To:

NAME: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **FAX:** _____ **COUNTY:** _____

TYPE OF BUSINESS: Corporation Partnership Proprietorship Individual Other _____
(Please circle)

DESCRIPTION OF BUSINESS: OEM Resale End User **HOW LONG IN BUSINESS?** _____ Years

FEDERAL ID# _____ **DUNS # (For This Bill To:)** _____

DO YOU REQUIRE PURCHASE ORDER NUMBERS? _____ **ARE YOU TAX EXEMPT?** _____
(Please send a copy of your tax exemption certificate)

===== **CREDIT REFERENCES** =====

Please give addresses, phone numbers and FAX numbers

NAME **ADDRESS** **PHONE** **FAX**

Credit Reference: _____

Credit Reference: _____

Credit Reference: _____

BANK (Include Account #): _____

===== **TERMS AND CONDITIONS** =====

Applicant's signature attests financial responsibility of applicant's company, in addition to company's ability and willingness to pay for material supplied according to our credit terms which are Net 30 days. ID Enhancements, Inc. (herein referred to as IDE) reserves the right to charge interest for invoices not paid according to the terms at the rate of 1 1/2% per month on the unpaid balance. IDE also reserves the right to limit or terminate credit if account is not paid according to these terms and conditions.

GENERAL PROVISIONS

This application and the information contained herein is a request for the extension of credit for commercial business use only. The applicant authorizes IDE to obtain a written or oral credit report from any credit reporting agency. Applicant further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business to give any and all necessary information to IDE which will assist IDE in it's credit investigation. The applicant further authorizes IDE to investigate the applicant's credit status from time to time as IDE deems necessary. Any changes in legal status must be communicated to IDE by certified mail. The original applicant will remain liable until such time as IDE has received notice of the change in legal status and been given a reasonable period of time to respond to such notice. Further, should this account be placed for collection the applicant agrees to pay all costs of collection including, but not limited to attorney fees of 25%.

APPLICANT'S SIGNATURE _____ **TITLE** _____

PRINTED NAME _____