

The staff at Able Technologies, Inc. d.b.a. Abletek is committed to providing our customers with personal, quality service. We maintain a staff of trained certified technicians with the ability to support your computer, network & telephone system hardware and software needs. Whether new systems, repairs or upgrades to leading edge technology, Abletek offers in-shop and on-site repair, installation, training, cable placement, preventive maintenance, warranty repairs and network (LAN & WAN) computer systems.

STANDARD TERMS AND CONDITIONS

- * Full payment due upon completion of services.
- * Net terms are available subject to credit approval.
- * There is a \$35.00 charge for handling of a returned check.
- * Prices are subject to change at any time, without notice, and should be verified at time of purchase.
- * DOA policy: Products found to be defective within 15 days of purchase will be replaced from stock.
- * After 15 days, all defective products will be subject to manufacture's warranty.
- * 25% Restocking fees on all returns (products should not be opened) within 10 days. After 10 days, there will be no returns.
- * There is no refund or credit on special order items. Special order items are defined, as items not normally stocked by Abletek. Special order items require a 75% deposit, which is not refundable, if order is cancelled.
- * The repair or replacement of any product is the sole decision of Abletek. The purchaser will first approve any substitution of parts.

Abletek Confidential Account/Credit Application

UPDATE: _____ NEW: _____

BILLING ADDRESS:

SHIPPING ADDRESS:

Company Name _____
DBA _____
Address _____
City/State/Zip _____
Telephone (____) _____
Contact _____

Name _____
Address _____
City/State/Zip _____
Telephone (____) _____
Fax (____) _____

Request \$ _____ Credit Line
Type of Account Applying For: ___ Net Terms ___ C.O.D. ___ Company Check

LEGAL ENTITY

Complete Applicable Section Below

Length of Time in Business _____
How Long In Present Location _____
Officers: President _____
VP _____
Treasurer _____
Controller _____
Accounts Payable Contact _____

Principal Owner/Officer _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____ TDL # _____
Social Security No. _____
Business Operated From: Home _____ Own _____
Commercial Bldg _____ Rent _____
Name of Landlord/Mortgage Holder _____

| | |
|---------------------|---|
| Organizational Form | |
| _____ | Sole proprietor |
| _____ | Partnership |
| _____ | Corporation (State) _____ |
| _____ | Incorporation Date _____ |
| _____ | Other _____ |
| ANNUAL SALES VOLUME | |
| _____ | < \$ 100K |
| _____ | \$101 - \$250K |
| _____ | \$251 - \$500K |
| _____ | \$1000K + |
| _____ | Number of Employees _____ |
| _____ | Avg. Account Payable Aging _____ |
| _____ | Are Purchase Orders Used? YES NO |
| _____ | Rated on Dunn & Bradstreet? |
| _____ | YES NO Rating: _____ |
| _____ | D-U-N-S _____ |

BANK INFORMATION

Bank _____ Checking Act # _____ Date Opened ___/___/_____
Address _____ City _____ State _____ Zip _____
Contact Person: _____ Phone (____) _____ Fax (____) _____

Bank _____ Savings Act # _____ Date Opened ___/___/_____
Address _____ City _____ State _____ Zip _____
Contact Person: _____ Phone (____) _____ Fax (____) _____

TRADE CREDIT REFERENCES

1. Name _____ Type of Business _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____ Pmt Terms _____
Contact _____
2. Name _____ Type of Business _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____ Pmt Terms _____
Contact _____
3. Name _____ Type of Business _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____ Pmt Terms _____
Contact _____
4. Name _____ Type of Business _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____ Pmt Terms _____
Contact _____

Agreement to Terms

In Signing below, I certify to Abletek that:

- (1) **Credit Agreement:** Everything in this Agreement is true and complete, and I am authorized to fill out this Agreement and sign below for the company shown above. I understand that you may investigate my financial status and the Company's financial status further, and request other documents or references from us. If the application is found to be falsified, it is grounds for all credit to end, and all account balances to become immediately due and payable.
- (2) **Security Interest:** We hereby agree to pay by the terms of sale listed on each Abletek invoice. In case of a credit sale, Abletek reserves the right to charge a finance fee of one and one half percent per each thirty day period, or part thereof, for any invoice that is past due. In order to induce Abletek to extend credit for the purchase of products and for other good and valuable consideration, we hereby convey, grant and transfer to Abletek a purchase money security interest in the products and all proceeds therefrom until we perform all our obligations hereunder. We further agree to pay all collection fees, reasonable attorney fees, and court cost and other expenses incurred by Abletek.
- (3) **Returned Checks:** I understand that if the Company's check is returned by the bank, we will be assessed \$ 30.00 for each check returned.

By submitting this application, I agree to and understand the above terms.

Date: _____

Name of Signer (print): _____

Signature: _____

Title: _____

OFFICE USE ONLY

Account #: _____

Credit Limit: _____

Partner Signature: _____