



National Test Equipment

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<http://www.nationaltestequipment.com>

Please complete this form, sign, and FAX back to (760) 639-1799.

CONFIDENTIAL CREDIT APPLICATION

A) LEGAL BUSINESS NAME: _____ STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DUNS #: _____ FEDERAL ID: _____

B) TYPE OF ENTITY: CORPORATION PARTNERSHIP PROPRIETORSHIP LLC

OTHER: _____

SOCIAL SECURITY # OF OWNER(S) (IF OTHER THAN A CORPORATION): _____

OWNERS NAME(S): _____

NUMBER OF YEARS COMPANY HAS BEEN IN BUSINESS: _____ NUMBER OF EMPLOYEES: _____

C) ACCOUNTS PAYABLE INFORMATION: ACCOUNTS PAYABLE CONTACT: _____

TELEPHONE: _____ FAX: _____

D) BANKING INFORMATION:

BANK NAME: _____ BRANCH: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ TELEPHONE(S): _____ FAX: _____

OPERATING ACCOUNT NUMBER(S): _____

E) TRADE REFERENCES (MINIMUM OF 3 ARE REQUIRED)

1) VENDOR NAME: _____ STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: _____

FAX (PREFERRED): _____ CONTACT: _____

2) VENDOR NAME: _____ STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: _____

FAX (PREFERRED): _____ CONTACT: _____

3) VENDOR NAME: _____ STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: _____

FAX (PREFERRED): _____ CONTACT: _____

I/We hereby represent that I am authorized to submit this application on behalf of the applicant named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize NATIONAL TEST EQUIPMENT to investigate the references listed pertaining to my/our credit and financial responsibility.

It is agreed and understood that proper legal jurisdiction and venue resides in Oceanside, CA for all agreements entered into henceforth, as well as all agreements being subject to NATIONAL TEST EQUIPMENT's terms and conditions. Additionally it is agreed and understood that all necessary collection and legal expenses and interest will be charged to debtor in the event of default, or failure to pay for goods sold and delivered. I/We are aware that failure to pay within the established terms, will result in NATIONAL TEST EQUIPMENT imposing a finance charge of 1.5%, or what the current law allows.

F) NAME (PLEASE PRINT): _____ TITLE: _____

SIGNATURE: _____ DATE: _____

Effective: 01/01/01