

Customer Account Set-up Information &  
Credit Application

**\*REQUIRED**

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**Business Profile**

**Legal Bill-To Information - Required**

**Dun & Bradstreet (DUNS) # (if known)**

Full Legal Name of Company

Trade Name/Doing Business As (DBA)

Business Type:  Sole Proprietorship  Non-Profit  
 Partnership  Corporation  Subsidiary  
 Division  Management Company

City

County

State

Zip

Business Phone  
( ) -

Are Purchase Orders required for your purchases?  
 Yes  No

Accounts Payable Contact Name

Invoices sent via  
(CHECK ONE)  
EMAIL   
or  
US Mail

Email address:

Accounts Payable Phone #  
( ) -  
ext

Nature of Business

Date Started

State of Incorporation

Name(s) of Officers/Owners - List ALL Principals, Owners, and Guarantors who will be obligated for credit purchases. Attach additional sheets, if necessary.

**Site Information - Required**

SITE Address (where support would be dispatched)

Site Identifier (store #, inn code)

City

State

Zip

County

Site Phone #  
( ) -

**Business Financial Summary**

**Primary Bank Account - Please list the financial institutions where the business Deposit accounts are maintained**

Bank Name

Savings  Checking  Investment  
Acct #

Average Balance \$ ###, ###,###,###

Bank Contact Name

Bank Phone # ( ) -  
Fax # ( ) -

**Rent/Lease/Mortgage Information  Own  Rent/Lease**

Company Name

Lease/Mortgage Value  
\$ , , , .

Address

City

State

Zip

Phone  
( ) -

**Trade References - Account Numbers & Fax Numbers are required**

Name

Account #

Phone Number

Fax Number

( ) - ( ) -  
( ) - ( ) -

By signature, I authorize MICRO<sup>®</sup> Systems, Inc. to verify the information & contact references, obtain reports from credit reporting agencies and any additional information including financial statements to determine credit worthiness. Applicant's signature further attests financial responsibility, ability and willingness to pay invoices in accordance with MICRO<sup>®</sup> Systems, Inc. terms. It is agreed the business entity will pay finance charges at the rate of 1.5% on any outstanding balances beyond payment terms. In the event of non-payment of invoices, it is further agreed the business entity will pay reasonable collection or attorney's fees and costs, whether said effort results in court action or not. I personally guarantee the debts & obligations of my business and agree I am personally obligated to perform all of the terms of, and make all payments to MICRO<sup>®</sup> Systems, Inc. required by, the agreement which this Application is a part of.

Exempt from Sales Tax (Valid Tax Exemption Certificate Attached)

Sales Tax is appropriate for all purchases

Signature **\*REQUIRED**

Title

Date **\*REQUIRED**

Print Name **\*REQUIRED**