



### CREDIT APPLICATION FORM

Date \_\_\_\_\_

Name of Firm \_\_\_\_\_ Dun & Bradstreet No. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

Check One:  Corporation  Partnership  Sole Proprietorship  Other \_\_\_\_\_

Type of Business \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Date Started \_\_\_\_\_

Subsidiary of,  Division of,  Affiliate of \_\_\_\_\_ Estimated Yearly Sales of Your Firm \_\_\_\_\_

Our Primary Contact (regarding this application) Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. \_\_\_\_\_

Sales Tax Exempt?  Yes  No. Permit # \_\_\_\_\_ *Please Attach Exemption Certificate*

#### Officers, Partners, or Owners

Name	Title	Home Address & Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Trade References

Name	Address	Contact Person, Telephone Number, Fax Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Bank References

Name	Address	Account No.	Contact Officer	Telephone No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Amount of Credit Requested \_\_\_\_\_ Estimated Yearly Purchases of Our Products \_\_\_\_\_

Signature and Title of Person Requesting Credit \_\_\_\_\_ Date \_\_\_\_\_

The signature above authorizes Advantech Corporation to ask for and verify credit, financial, and personal information. The applicant also acknowledges: the person signing the application is authorized to agree to its provisions; purchases will be paid pursuant to the terms of each invoice; should payment not be received per terms, Advantech Corporation has the option of levying finance charges (at a monthly rate of 1.5% or the maximum rate allowed by state law); should third-party collection efforts become necessary, applicant will pay for all attorney fees and court costs. Additionally, the applicant agrees with the following: the credit application can only be revoked by written notice and revocation applies only to obligations that did not exist prior to Advantech Corporation having received the actual notice of revocation; the application will not be affected by any change in the composition, form, or legal entity of the customer's business, or by transfer of assets; the account relationship cannot be assigned or transferred to a third party without Advantech Corporation's consent; all shipments will be examined upon receipt and applicant will notify Advantech Corporation within five (5) business days of any claims for damaged, defective, or unordered goods.



### BANK AUTHORIZATION FORM

#### Applicant Information

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Tel Fax

#### Bank Information

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Tel Fax

Account Number: \_\_\_\_\_

To Whom It May Concern:

I hereby request and authorize \_\_\_\_\_ to release credit  
Name of Bank

Information to *Advantech Corp.*

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title



UNIFORM SALES & USE TAX CERTIFICATE---MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2 - 4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that: \_\_\_\_\_ is engaged as a registered
Name of Firm (Buyer): \_\_\_\_\_ Wholesaler \_\_\_\_\_
Retailer \_\_\_\_\_
Address \_\_\_\_\_ Manufacturer \_\_\_\_\_
Seller (California) \_\_\_\_\_
Lessor(see notes on pages 2 - 4) \_\_\_\_\_
Other(Specify) \_\_\_\_\_

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients, or components of a new product or service1 to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the seller: \_\_\_\_\_

Table with 4 columns: State, State Registration, Seller's Permit, or ID Number of Purchaser, State, State Registration, Seller's Permit, or ID Number of Purchaser. Lists states from AL to MO and NE to WI.

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state. Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature \_\_\_\_\_
(Owner, Partner, or Corporate Officer)

Title \_\_\_\_\_

Date \_\_\_\_\_