



I. T. XCHANGE

CREDIT APPLICATION FORM

OAKVILLE, ONTARIO
MORRISVILLE, NC
PAISLEY, UK
PALM HARBOR, FL
WELLS, ME

SAN FRANCISCO, CA
ST. MICHEL, BARBADOS
SCHILLER PARK, IL
MARKHAM, ONTARIO

WOODLANDS DRIVE
BRAESIDE, VIC, AUSTRALIA
CHUOKU, TOKYO
D. HENRIQUE, MACAU

• PLEASE COMPLETE THE FOLLOWING INFORMATION & PROVIDE ATTACHMENTS •
FINANCIAL STATEMENTS *MUST* ACCOMPANY APPLICATIONS FOR
CREDIT REQUESTS GREATER THAN \$20,000.00

FULL LEGAL NAME:			OPERATING AS:			No. of Employees:				
Private <input type="checkbox"/> Public <input type="checkbox"/>	Annual Sales:		Start of Business Date:		Website:		D&B #			
Public Sector End User <input type="checkbox"/>	System Integrator <input type="checkbox"/>	Reseller <input type="checkbox"/>	Broker /Liquidator <input type="checkbox"/>	TAX I.D.		Account Rep:		Customer#		
PARENT CO. LEGAL NAME:			OPERATING AS:			No. of Employees:		Would you like the A/R officer to contact you for the Electronic Funds Transfer Option? <input type="checkbox"/>		
Private <input type="checkbox"/> Public <input type="checkbox"/>	Annual Sales:		Start of Business Date:		Website:		D&B #			
INVOICING ADDRESS:					SHIP TO ADDRESS:					
City:			Prov/State:		PC/Zip:		City:		Prov/State:	PC/Zip:
A/P Contact:			Email:			Contact/Buyer:			Email:	
Tel:			Fax:			Tel:			Fax:	
TERMS REQUESTED:			ESTIMATED MONTHLY PURCHASES FROM I.T. XCHANGE: \$			Cdn <input type="checkbox"/>	Us <input type="checkbox"/>	Euro <input type="checkbox"/>	Pound <input type="checkbox"/>	
I.T. XCHANGE <i>CHARGES</i> AND REMITS ALL APPLICABLE <i>TAXES UNLESS</i> PROVIDED WITH A HARD COPY OF <i>TAX EXEMPTION CERTIFICATES</i> Are Certificates Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No										
NAMES OF PARTNERS OR OFFICERS			TITLE			HOME ADDRESS & PHONE			D.O.B. (mmddy)	

TRADE REFERENCES (OF MORE THAN 3 YEARS) Exclude Techdata, Ingram Micro and IBM – (these do not supply references)

COMPANY NAME	CONTACT	PHONE	FAX	EMAIL ADDRESS

BANKING INFORMATION (List additional information on separate sheet if necessary)

R E Q U I R E D	Bank:		Account #	Account Mgr
	Branch Address:		Tel:	Fax:

I/We warrant the information shown here to be true. This credit application is my authorization to check trade references and to contact the above named Bank now and at any future date for all disclosure of the current credit status. A service charge of the lesser of 1.5% per month or the maximum amount allowed by law will be charged on all past due balances. Customer also agrees to pay attorney's fees and all other costs incurred for the collection of all past due balances.

NAME (please print):

Signature:

Title:

Date:

ITX Use Only:

Terms Extended By I.T.X.

Approved By:

Date: