



CUSTOMER CREDIT APPLICATION FORM
PLEASE COMPLETE THE FORM AND FAX TO (951) 273-2175



THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL AND WILL BE KEPT IN THE STRICTEST CONFIDENCE.

PART 1			
COMPANY NAME:		PHONE:	FAX:
BUSINESS/BILL TO ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
PART 2			
CURRENT MAJOR SUPPLIERS 1			
NAME:		PHONE:	FAX:
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
ACCOUNT #:	TERMS:	CREDIT LINE \$:	
CURRENT MAJOR SUPPLIERS 2			
NAME:		PHONE:	FAX:
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
ACCOUNT #:	TERMS:	CREDIT LINE \$:	
PART 3			
BANK REFERENCE			
BANK NAME:		PHONE:	FAX:
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
ACCOUNT #:	DATE OPENED:		

I CERTIFY THAT ALL OF THE ABOVE INFORMATION ON THIS FORM IS CORRECT.

READ CAREFULLY: I personally guarantee all debts incurred by the firm listed in Part (1) of this application form and accept full responsibility for all debts. I further agree to keep within your terms of granted open account. Should this account ever become delinquent and it be necessary to employ an attorney to collect or commence suit to enforce payment, I agree to pay a reasonable additional sum as attorney fees, and the cost of such suit. A late charge of 1-1/2% will be charged on all past due accounts. Until credit approval can be obtained, new accounts will be shipped under Credit Card terms.

AUTHORIZATION TO RELEASE CREDIT INFORMATION

In connection with a request for an open account with ACM Technologies, Inc., I hereby authorize you to release information to ACM Technologies, Inc. regarding credit history, checking and savings accounts and/or loan experience.

x _____
AUTHORIZED SIGNATURE

PRINT TITLE

PRINT NAME

DATE