



CREDIT TERMS (NET 30) APPLICATION & SET-UP FORM

Date: Select APCT Division: Anticipated Monthly Purchases:
 Tax I.D. Number: Purchase Order Required? YES NO Duns #:
 SIC Code: Please attach a copy of your sales tax exemption certificate to the application

BILLING INFORMATION

Full Legal Name/Business Entity:
 Business Phone Number:
 Billing Address:
 City: State: Country:
 Zip Code or Country Code:

BUSINESS CREDIT INFORMATION

If Subsidiary, Name of Parent Company: Type of Ownership:
 In Business Since:
 Principal(s) Authorized Officer(s): Title:
 Phone Number or Email Address:
 Accounts Payable Contact: Phone:
 AP Email Address:
 Purchasing Contact: Phone:
 Purchasing Email Address:
 Preferred Method of Payment:

BANK INFORMATION

Bank Account Number: Bank Account Type:
 Bank Name:
 Contact Name: Contact Title:
 Contact Phone:

TRADE REFERENCES

Trade References Name:
 Contact: Phone: Email:
 Trade References Name:
 Contact: Phone: Email:
 Trade References Name:
 Contact: Phone: Email:

Signature: _____ Title: _____ Date: _____

TERMS & CONDITIONS

1. Applicant agrees that any extension of credit is subject to the terms & conditions set forth on our website: www.apct.com and in invoices issued to applicant. No other terms & conditions shall become part of any sales agreement, purchase order, or other transaction, unless set forth in writing and signed by both parties.
 2. If APCT (Seller) agrees to extend credit, all decisions regarding the granting or continuation of credit are at the sole discretion of Seller and may be terminated at any time. Applicant hereby authorizes Seller to contact credit reporting services and other third parties to determine Applicant's creditworthiness. Seller assumes that Applicant is solvent. Continued solvency is a precondition to any sale made by Seller. Applicant agrees to update this Application and financial statements upon request.
 3. Acceptance of goods, without notification of dispute or defect pursuant to notice requirements and procedures set forth in invoice, shall be deemed an admission of liability for the amounts referenced in the invoice. Payment received may be applied against open charges at the discretion of Seller. Unresolved credit items shall be deemed to have been issued in error and the property of the Seller if, after notice, Applicant asserts no interest in the item.
 4. Payment of all amounts owed shall be made not later than due date as indicated on invoice. Any amounts not paid by due date shall be subject to a late payment charge of 1-1/2% per month, or the highest rate allowed by law, if lower. In addition, Applicant agrees to be responsible for all collection costs and attorneys' fees incurred by Seller in connection with any delinquent account.
 5. Applicant hereby authorizes Seller, its successors and assigns, by its designated attorney, to waive the issuance of service of process and confess judgment against it for the entire unpaid balance of applicant's account, together with all cost applicable to such action.
 6. The laws of the state of California shall be applicable to any action arising out of this Application. The parties agree that Santa Clara County, California is the appropriate venue for such an action.
- I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Attention: If you are a new customer with APCT, please take a moment and fill in the information below.

SHIP TO INFORMATION

Check here if same as "Bill To" Address

Ship To Company Name:	<input type="text"/>		
Ship To Address Line 1:	<input type="text"/>		
Ship To Address Line 2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Country:	<input type="text"/>
Zip Code or Country Code:	<input type="text"/>		
Email:	<input type="text"/>		
Phone:	<input type="text"/>		

PREFERRED SHIPPING METHOD

Preferred Carrier:	<input type="text"/>
Your Account Number:	<input type="text"/>
Secondary Carrier Name:	<input type="text"/>
Your Account Number:	<input type="text"/>

TYPE OF BUSINESS

Type of Business:	<input type="text"/>
-------------------	----------------------

FOR APCT INTERNAL USE ONLY

Representative:	<input type="text"/>
Customer Service:	<input type="text"/>
Other:	<input type="text"/>