

# CREDIT APPLICATION - USA

(For Office use Only) Customer Number: \_\_\_\_\_

Documents must be fully completed before an account is opened and pricing quoted. We do not want to delay your application. Have you had an account with Triangular Wave Technologies before? If yes, under what account name/number? \_\_\_\_\_

## **DESCRIPTION OF BUSINESS** (Please type or print)

Date business established: \_\_\_\_\_ Length of time at this address Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_

This company is a (check one)  Sole Proprietorship  Partnership  Corporation; State of incorporation: \_\_\_\_\_

Type of corporation:  C  S  LLC (if LLC, please enclose Articles of Organization)

Is there a parent corp. or subsidiary?  Parent  Subsidiary If yes, who? \_\_\_\_\_

\_\_\_\_\_  
Legal Business Name (As it appears on business license)

\_\_\_\_\_  
Officer's/ Owner's Name

\_\_\_\_\_  
Business Trade Name (DBA)

\_\_\_\_\_  
Title and E-mail Address

\_\_\_\_\_  
Business Street Address (Must be provided)

\_\_\_\_\_  
Title and E-mail Address

\_\_\_\_\_  
City, County, State, Comity mid Zip Code

\_\_\_\_\_  
Officer's/Owner's Name

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Authorized Purchaser(s)

\_\_\_\_\_  
Business Fax

\_\_\_\_\_  
E-mail Address(s)

\_\_\_\_\_  
Business Web Site Address

## **BILLING ADDRESS** (If different from above)

## **SHIPPING ADDRESS** (If more than one, attach list)

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

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

\_\_\_\_\_  
City, County, State, Country and Zip Code

\_\_\_\_\_  
City, County, State, Country and Zip Code

### **Please fax signed form and then mail completed form to:**

Triangular Wave Technologies, Inc. • 85 Chestnut Ridge Road  
Montvale, NJ 07645 USA • Fax: (201)573-8710  
Attn: New Accounts, Credit

Customer agrees to notify TWT of any changes in ownership of its business, or of any other material changes that are relevant, as set forth herein by certified mail to the above address.

What percentage of your purchases will be for export? \_\_\_\_\_% To what countries will you be exporting?

Do you currently finance any of your purchases through floor planning?  Yes  No  
If yes, through what company?

\_\_\_\_\_  
Finance Company Name, Address, Telephone#

\_\_\_\_\_  
Dealer #

\_\_\_\_\_  
Contact Name

Do you currently offer a leasing program to your customers?  
If yes, through what company?

Yes

No

\_\_\_\_\_  
Company Name, Address, Telephone

\_\_\_\_\_  
Dealer #

\_\_\_\_\_  
Contact Name

Would you like information on either of these programs?

Floor planning

Leasing

# CREDIT APPLICATION - USA

Terms Requested:  PREPAID (wire transfer)  C.O.D. (Cashier's check)  
(Indicate preference)  C.O.D. (Company check)  NET TERMS

Dun & Bradstreet #

Others:

## TRADE REFERENCES (RELATED INDUSTRY PURCHASES DURING PAST 12 MONTHS)

Name Address Telephone# Account#

Name Address Telephone# Account #

Name Address Telephone# Account #

**THIS SECTION MUST BE COMPLETED IF CUSTOMER IS NOT INCORPORATED.  
PRINCIPAL (Owner/Partner) INFORMATION (Use separate sheet if necessary to list 100% ownership.)**

Owner/Partner Name % Ownership Social Security# Driver=s  
License#

Address (Street City, State and ZIP Code) Telephone#

Have you ever filed for bankruptcy?  No  Yes  Personal  Business Date Field: \_\_\_\_\_ Status: \_\_\_\_\_

Owner/Partner Name % Ownership Social Security# Driver=s License#

Address (Street City, State and ZIP Code) Telephone#

Have you ever filed for bankruptcy?  No  Yes  Personal  Business Date Field: \_\_\_\_\_ Status: \_\_\_\_\_

## BANK REFERENCES(PLEASE COMPLETE FULLY)

Bank Name Account Officer's Name Checking Account #

Address (Street, City, State, Country mid ZIP Code) Savings Account#

Telephone # Fax # Loan #

Bank Name Account Officer's Name Checking Account #

Address (Street, City, State, Country and ZIP Code) Savings Account#

Telephone # Fax # Loan #

**\*\* CURRENT YEAR-END FINANCIAL STATEMENTS MUST ACCOMPANY NET TERM REQUESTS.\*\***

Financial statements must include a balance sheet and income statement Unaudited financial statements must be signed and dated by the company Owner/Officer. The statement's time period must be indicated.

## CREDIT APPLICATION - USA

**IN ORDER NOT TO DELAY YOUR ORDERING ABILITY, PLEASE MAKE SURE YOU HAVE PROVIDED ALL INFORMATION REQUESTED. ALL PURCHASE ORDERS SUBMITTED FROM RESELLERS WHO HAVE NOT FULLY COMPLETED THIS FORM WILL REQUIRE ADVANCE PAYMENT, IF A CONDITIONAL ACCOUNT IS APPROVED.**

This application and agreement is submitted by applicant to Triangular Wave Technologies, Inc.(TWT) to obtain trade credit. TWT reserves the right to decline credit to applicant and in the event credit is extended to applicant, to change or revoke applicant credit limit on the basis of changes in TWT credit policies or applicant's financial condition and/or payment record. All sales of product and services by TWT to applicant will be subject TWT standard sales terms and conditions in effect at the time of order. Any variance from those terms and conditions will be effective only if agreed to in writing by TWT prior to the time the product or services are ordered.

Customer agrees to make payment in full to TWT for all amounts due according to TWT invoice(s). Customer also agrees to pay TWT, as interest, an amount equal to 1 1/2% per month, or the maximum provided by law (whichever is less) for invoice amounts that we past due. Should customer default in any such payment(s), TWT shall have the right, without notice to customer, to declare a] l invoice amounts due and payable. In the event TWT should commerce any action or actions, or otherwise seek to enforce this agreement against customer, customer agrees to pay reasonable attorney(s) fees, court costs aid other expenses incurred by TWT, whether or not suit is filed. This agreement is strictly confidential and is not transferable assignable without prior written consent of TWT. Customer agrees that any change in liability for any debts incurred to TWT due to a change in customer form of business, shall not be effective as to TWT, until TWT receives actual notice of the change by certified mail. Venue shall be in The State of New Jersey.

**Applicant hereby authorizes the release of credit and banking information to TWT by the references listed on this application.**

Office/Owner Name (Please print)

Title

Officer/Owner Signature

As of this                      day of                      200