



Credit Application/Agreement

Company Information			
Company Name:		Dba:	
Is this a division or subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of parent:	
Address:			
City:		State/Province:	Zip/Postal:
Country:		Years at this address:	
Ph:	Fax:	Email:	
Website:			
Type of Business:	Manufacturer: <input type="checkbox"/>	Distributor: <input type="checkbox"/>	Retailer: <input type="checkbox"/> Service Provider: <input type="checkbox"/>
Number of Employees:		Annual Sales:	
Amount of Credit Requested:		DUNS#:	
Note: While not mandatory, you can help the credit approval process considerably by attaching a copy of your most recent financial statement.			
Billing Information			
Address:			
City:		State/Province:	Zip/Postal:
Country:			
AP Contact		Phone:	Email:
Does your company require a PO?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Invoice Preference: <input type="checkbox"/> Fax <input type="checkbox"/> Email		Fax or Email Address:	
Shipping Information			
Address:			
City:		State/Province:	Zip/Postal:
Country:			
Email address to send shipment tracking to:			
Shipping Preference: <input type="checkbox"/> Prepay & Add <input type="checkbox"/> Collect		UPS/Fedex # (if collect):	
Tax Information			
Is your organization taxable: <input type="checkbox"/> Yes <input type="checkbox"/> No		Federal Tax ID/EIN:	
Tax Exempt FL: <input type="checkbox"/> Yes <input type="checkbox"/> No		FL Tax Exemption #:	
Tax Exempt WI: <input type="checkbox"/> Yes <input type="checkbox"/> No		WI Tax Exemption #:	
(If yes, please attach a copy of your tax exemption certificate. All shipments to FL and WI will be charged tax until a valid certificate is on file.)			
Ownership Information			
Sole proprietor: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Limited Liability: <input type="checkbox"/>
Incorporated in the State of:		Date of Incorporation:	
Is the company a:	Private Company: <input type="checkbox"/>	Public Company: <input type="checkbox"/>	Traded As:
Has a tax lien or civil suit been filed against the company or any owner, officer, director or member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the company or any owner, officer, director or member filed bankruptcy in the last 6 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any past due taxes owed by the company or any owner, officer, director or member? <input type="checkbox"/> Yes <input type="checkbox"/> No			



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List of Owners/Officers			
For Sole Proprietor or Partnership: List all Owners and/or Partners. For Corporation or Limited Liability: List all Officers/ Members			
Name	Title	Home Address <small>(proprietor or partnership only)</small>	SS# <small>(proprietor or partnership only)</small>

Bank Reference			
Bank Name:		Contact:	
Address:			
City:		State:	Zip:
Ph:	Fax:	Email:	
Savings Acct #:			
Checking Acct #:			

Business / Trade References			
(no utilities, freight, or service companies; Please list at least 1 from our industry)			
Company Name:			
Address:			
Ph:	Fax:	Email:	
Person to Contact:		Account #	
Company Name:			
Address:			
Ph:	Fax:	Email:	
Person to Contact:		Account #	
Company Name:			
Address:			
Ph:	Fax:	Email:	
Person to Contact:		Account #	
Company Name:			
Address:			
Ph:	Fax:	Email:	
Person to Contact:		Account #	



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Agreement and Authorization

By signing this Credit Application, the individual executing this Application below on behalf of the company represented in this agreement (Buyer) represents and warrants to Zefon International, Inc. (Zefon) that:

1. He/she is authorized to execute this Application on behalf of Buyer;
2. The information set forth in this Application is accurate and complete; and
3. The Buyer; whether an individual or individuals, a proprietorship, a partnership, a corporation, a LLC, a PA, or any other entity, hereby agrees to the faithful payment, when due, of all accounts of said Buyer for the purchases made; and
4. Buyer is solvent and that it pays its obligations as they become due. Buyer will not place any order with Zefon unless it reasonably believes that it will be solvent and able to pay its obligations as they become due. The preceding representation and warranty will be deemed to be repeated in each purchase by Buyer; and
5. Buyer agrees to pay interest on any unpaid purchases, beginning 30 days after the payment due date, at the rate of 1.5% per month; 18% per annum, or the maximum judicial rate, whichever is less. Buyer also agrees to pay \$30 for each check issued by Buyer to Zefon which is returned to Zefon unpaid and marked "Non Sufficient Funds" (NSF); and
6. Any legal action brought against or by Buyer will be in the jurisdiction of Marion County Florida, and Buyer hereby submits to the jurisdiction of said courts. The laws of the State of Florida will apply; and
7. Buyer agrees that the prevailing party in any proceeding to enforce this agreement or to resolve a dispute with Zefon will be entitled to recover its costs, including attorneys' fees, court costs, collection agency fees, and all other costs associated in collecting its monies from the other party; and
8. Buyer understands that submission of this application and agreement does not guarantee credit will be extended to buyer. In the event credit is extended, Buyer understands Zefon may, at any time, without notice, cancel all credit available to Buyer and refuse to make any further credit advances. In the event Zefon determines that information contained on this Credit Application is false or misleading, or if Zefon receives other false or misleading credit information from Buyer of any kind or nature, Zefon may without further notice cancel any orders in house, or any deliveries in progress to Buyer. Any false or misleading information by Buyer shall be construed as a material default, and any invoices outstanding shall be immediately due and payable in full.

In signing this Application, Buyer agrees to all of the above and hereby grants permission for credit information to be verified by companies and financial institutions that the Buyer has specified on this document and others that Zefon becomes aware of during the credit review process and from time to time. The undersigned also understands that Zefon will retain this Application, whether or not it is approved, and that Zefon will consider this Application as a continuing statement of the undersigned's financial position and situation until notified otherwise by the Buyer.

Faxed and Emailed documents will be deemed as original. No oral agreements will be accepted. The terms of this Credit Application / Agreement overrides all others.

Name: (please print or type):

Title:

Authorized Signature:

Date:

Please return by Email or fax to
ZefonCS@zefon.com
Fax: 352-854-7480

Electronic document signing will only be accepted if the digital certificate is issued by a recognized 3rd party certificate authority. Self-certified certificates will not be accepted. If you do not have one, please print the form and manually sign. Return either by fax or scan the form and email.



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Personal Guarantee

In consideration of the extension of credit by Zefon International, Inc. (hereinafter referred to as "Zefon") to the Business identified below (hereinafter referred to as "Buyer"), the Undersigned hereby unconditionally guarantees the immediate payment when due of all monies owed at any time by said Buyer to Zefon. The obligation of the Undersigned shall not be terminated or changed in any aspect notwithstanding any circumstances or occurrence whatsoever which otherwise might terminate or change the obligation of the Buyer. The Undersigned hereby consents and agrees to all of the terms and provisions stated in Buyers "Credit Application" as if fully set forth herein. Without limitation of the foregoing, the Undersigned also unconditionally guarantees the payment by the aforesaid Buyer to Zefon of any and all finance charges, attorneys' fees and collection costs. The Undersigned shall be personally obligated and liable hereon regardless of the inclusion hereunder of a corporate name or office.

Name

Date

Signature

SS #

Home address

Home Phone #

Name of Business whose account is guaranteed

Electronic document signing will only be accepted if the digital certificate is issued by a recognized 3rd party certificate authority. Self-certified certificates will not be accepted. If you do not have one, please print the form and manually sign. Return either by fax or scan the form and email.