

PCW Microsystems, Inc. New Account Application

Please fax this application to : 516-997-5784

1. Company Information

Date of Incorporation _____ State of Incorporation _____

Company Type "S" Corporation "C" Corporation Partnership Proprietorship

Company Name _____ DBA/Trade Name _____

Billing Address _____

Shipping Address (If differ than billing Address) _____

Phone _____ Fax _____ Federal ID Number _____

President _____ D&B Number _____

Accounts payable contact _____ Purchasing contact _____

2. Account Type

Note: we only offer net term account to company with at least 2 years company history.

COD Company Check Net 7 Days Net 14 Days Request Credit Amount \$ _____

3. Bank Information

*** Important:** Without a check or saving account number we will not be able to process your application.

Bank Name _____ Contact _____ Phone _____

Address _____

*Checking/Saving Account Number _____ Date Opened _____

Checking/Saving Account Number # 2 _____ Date Opened _____

Loan # _____ Line of Credit _____

4. Trade Credit Reference

i. Company Name _____ Acct # _____

Address _____

Phone _____ Contact Person _____

ii. Company Name _____ Acct # _____

Address _____

Phone _____ Contact Person _____

iii. Company Name _____ Acct # _____

Address _____

Phone _____ Contact Person _____

5. Credit and Banking Information Release Authorization

Note: Without an authorization signature, we can not process your application

The undersigned authorizes release of all banking and credit information, requested by PCW Microsystems, Inc. This form may be reproduced or photocopied and a faxed copy shall be as effective consent as the original, which I have signed.

Authorized Signature _____ Date _____

Print Name _____ Title _____