

Please return to Accounts Payable Dept.

**MemoryTen, Inc. Credit Application**

2800 Bowers Avenue, Santa Clara, CA 95008 Tel: 408 588-0077 Fax 408 350-0355

\*\*\* Please attach a copy of a voided check and Owner/Officers driver's license along with this application. Please note, **Bank and Trade reference forms are acceptable; however, all areas not provided on the Bank and Trade reference must be filled out on Credit Application.** Thank you. ☺

<b>Company Information</b>	
Legal Name:	MemoryX Sales Representative:
Business Trade Name:	Billing Address:
Billing Telephone:	
Fax:	Shipping Address:
A/P Contact:	
A/P E-mail:	Owner/CFO Drivers License #:
Web Address:	Company Subsidiary:
Name or Parent Co.:	Anticipated Credit Limit: \$
<b>Ownership:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship / <b>Nature of Purchase:</b> <input type="checkbox"/> Resale <input type="checkbox"/> Your own Use	
DUNS Number:	Product lines you purchase:
Date Established:	No. of Employees:

Name Principal Owners or Officers	Title
1.	
2.	
3.	
4.	

Reference (Principal trade suppliers)			
1. Name:		Contact:	
Nature of Business:			
Address:	City:	State:	Zip:
Phone/Fax:	Payment terms:	Acct. No.:	
2. Name:		Contact:	
Nature of Business:			
Address:	City:	State:	Zip:
Phone/Fax:	Payment terms:	Acct. No.:	
1. Name:		Contact:	
Nature of Business:			
Address:	City:	State:	Zip:
Phone/Fax:	Payment terms:	Acct. No.:	

**Confirmation of Information Accuracy and Release of Authority to Verify**

I hereby certify that the information in this credit application is correct. The information included in this credit application is for the use by MemoryX in determining the amount and conditions to be extended. I understand that MemoryX may also utilize the other sources of credit, which in considers necessary in making this determination. Further I hereby authorize the trade references listed in this credit application to release the information necessary to assist MemoryX in establishing a line of credit.

**Personal Guarantee**

As an inducement for MemoryX, to from time to time, and by the sole discretion of the Credit Dept., extend credit to the firm named in this Application, I agree in my capacity as an Officer to make myself liable and personally responsible for all and any indebtedness to the firm. The debt may be on open account, by C.O.D. or any other method of credit extension.

Print Full Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_