

Credit Application

Data Access / Datapatch

40 Eisenhower Drive
Paramus, NJ 07652-1404
Tel. (201) 843-5468
Fax (201) 843-2945

Please Complete all information and mail, or fax all pages to our Credit Department. Include your current financial statement. **SIGNATURE(S) ARE REQUIRED.**

Company Information

Company Name		Application Date
Street Address	Phone	Fax
City	State	Zip
Billing Address	Phone	Fax
City	State	Zip
Shipping Address	Phone	Fax
City	State	Zip

Prior name(s) under which you did business in the last 7 years, including all prior corporations with which you merged or prior companies with the same owners

Name	Address	City	State, Zip

General Information

Type of Business	Date Founded
Partnership Proprietorship Corporation, State of _____ Inc. Year _____	At present Location since (date)
Reseller TIN:	Affiliated Companies / Address
Accounts Payable contact	
Phone Number	

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Principal Owners, Partners, Stockholders or Officers

Name	Title	Social Security #	Home Address

Person(s) who may authorize payments and place orders

Name	Title	Phone Number

Person(s) who may sign checks

Name	Title	Phone Number

Bank References (if more than one, please use separate sheet of paper)

Bank			Account Number
Branch			Bank Officer
Address			Phone Number
City	State	Zip	Fax Number

Trade References (if more than two, please use separate sheet of paper)

Name			Account Number
Address			Phone Number
City	State	Zip	Fax Number
Name			Account Number
Address			Phone Number
City	State	Zip	Fax Number

Authorization to release Confidential Information

To Bank:

Name: _____

Address: _____

Phone Number: _____ **Contact:** _____

Fax Number: _____

From Data Access / Datapatch prospective customer:

Name: _____

Address: _____

Phone Number: _____ **Contact:** _____

Fax Number: _____

Please accept this as an authorization to release information about our business checking / savings accounts listed below to Data Access / Datapatch for the purposes of establishing a line of credit. I (We) understand that this information will be kept in strictest confidence between Data Access / Datapatch and your organization.

Checking Account No. _____

Savings Account No. _____

Authorized Signature: _____ **Date:** _____

Print Name and Title: _____

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Payment Terms:

- All invoices are due **30 days** from date of the shipment/invoice.
- Delinquent invoices or portions thereof are subject to an interest charge of 1.5 % (or the maximum rate allowable by applicable law) per month.
- Overdue and delinquent account balances are subject to being placed for collection and Buyer agrees to pay all expenses incurred, including collection fees, court costs, and reasonable attorney fees.

_____ (Company) agrees to abide by all terms and conditions set forth above and to pay all invoices 30 days from the shipment/invoice date. If not paid by 45 days from the date of the shipment/invoice, approval is hereby given to Data Access/Datapatch to charge the amount of any unpaid invoices to the credit card listed below (**Credit Card Number is Required**).

Credit Card Number:	_____	Expiration:	_____
Name on Card:	_____	Title:	_____
Signature:	_____	Date:	_____