Tech Data

Mail to: 5350 Tech Data Drive
            Clearwater, Florida 34620
            Attention: Credit Department

RESELLER CREDIT APPLICATION
FAX TO: 813-538-7087

Terms Requested: Net 20_____, COD Company Check_____, Credit Card_____ Credit Line Requested $_____

LEGAL NAME OF COMPANY	___CORPORATION ___PROPRIETORSHIP ___PARTNERSHIP		
TRADE NAME: dba	TAX EXEMP. #	YRS. IN BUSINESS	DUN & BRADSTREET
BILLING/MAILING ADDRESS	NATURE OF BUSINESS		
CITY, STATE, ZIP	BUSINESS OPERATED FROM ___COMM. BLDG. ___ HOME		
PHONE NO.	FAX NO. TIME AT ADDRESS ___RENT ___OWN		
PERSON TO CONTACT FOR PAYMENT	ANNUAL SALES VOLUME	EST. MONTHLY PURCHASES	

CREDIT CARD #_____DISCOVER ❑ VISA ❑ MC ❑   EXP. DATE _____ PHONE _____
CREDIT CARD BILLING ADDRESS _____
I am an authorized signer on above card and hereby give Tech Data permission to bill the credit card when verbally requested.
NAME ON CARD _____ SIGNED: X _____

CREDIT CARD #_____DISCOVER ❑ VISA ❑ MC ❑   EXP. DATE _____ PHONE _____
CREDIT CARD BILLING ADDRESS _____
I am an authorized signer on above card and hereby give Tech Data permission to bill the credit card when verbally requested.
NAME ON CARD _____ SIGNED: X _____

PRINCIPALS	
NAME AND TITLE	SOCIAL SECURITY NUMBER
ADDRESS	
NAME AND TITLE	SOCIAL SECURITY NUMBER
ADDRESS	
NAME AND TITLE	SOCIAL SECURITY NUMBER
ADDRESS	

BANK INFORMATION

Bank Name _____   Contact _____
Address_____   City _____ State ____ Zip _____
Account #_____   Phone # _____
2nd Account or Loan _____

2nd Bank Name _____   Contact _____
Address_____   City _____ State ____ Zip _____
Account #_____   Phone # _____
2nd Account or Loan _____

AUTHORIZATION
The undersigned authorizes release of all banking and credit information, both business and/or personal, requested by Tech Data Corporation. 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

ATTACH RECENT FINANCIAL STATEMENTS (AUDITED PREFERRED)
BOTH PAGES MUST BE COMPLETED FOR NET TERMS CONSIDERATION

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TRADE INFORMATION

1. Company Name _____ Account # _____

   Address _____ Contact _____

   City _____ State ____ Zip _____ Phone _____ Fax _____

2. Company Name _____ Account # _____

   Address _____ Contact _____

   City _____ State ____ Zip _____ Phone _____ Fax _____

3. Company Name _____ Account # _____

   Address _____ Contact _____

   City _____ State ____ Zip _____ Phone _____ Fax _____

4. Company Name _____ Account # _____

   Address _____ Contact _____

   City _____ State ____ Zip _____ Phone _____ Fax _____

This credit application and agreement is submitted by Customer, to TECH DATA CORPORATION (hereafter TECH DATA), to obtain trade credit. Customer agrees to make payment in full to TECH DATA for all amounts due according to TECH DATA's invoice(s). Customer also agrees to pay to TECH DATA, as interest, an amount equal to 1.5% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due. Should Customer default in any such payment(s), TECH DATA shall have the right, without notice to Customer, to declare all invoice amounts immediately due and payable. In the event TECH DATA should commence any action or actions, or otherwise seek to enforce this agreement against Customer or any Guarantor, Customer agrees to pay reasonable attorney(s) fees, collection fees, court costs and other expenses incurred by TECH DATA, whether or not suit is filed. This agreement is not transferable or assignable without the prior written consent of TECH DATA. This agreement shall become effective upon acceptance by TECH DATA. Customer agrees that all sales shall be governed by Tech Data's Standard Terms and Conditions of Sale, as stated on the invoice and shown in Tech Data's Catalog, unless Tech Data and customer have executed a master contract which specifically supercedes and replaces those terms and conditions.

Customer and Customer's authorized representative signing this application represent and warrant that the information provided in this application and in any and all additional documents, financial statements or other information furnished by the Customer to TECH DATA is true and correct in all material respects and contains all information necessary so that this application is not materially misleading. Customer acknowledges that TECH DATA is relying on the accuracy of the information provided by Customer. Customer hereby grants to TECH DATA a security interest in any and all goods purchased by Customer from TECH DATA to secure any and all obligations of Customer to TECH DATA, including but not limited to any obligation of payment. Customer agrees to execute any additional documents necessary to perfect or continue the security interest created by this application.

I/We agree to adhere to the credit service policies and procedures established from time to time by TECH DATA. These procedures are usually published quarterly in TECH DATA's catalog.

Dated at _____ , as of this _____ day of _____ , 19_____ .

Signed by: _____ Name/Title: _____

PERSONAL GUARANTY

I _____ , residing at _____

I _____ , residing at _____

for and in consideration of your extending credit at my request to _____ (hereinafter Company), hereby personally guarantee the payment to TECH DATA CORPORATION in the State of Florida of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the company shall fail to pay same. Further, I hereby subrogate any indebtedness of the company which it may have to me to the indebtedness of the company owed to TECH DATA CORPORATION. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice hereof and consent to any modification of renewal of the credit agreement hereby guaranteed.

Witness_____ Guarantor_____ Date_____

SS# _____

Witness_____ Guarantor_____ Date_____

SS# _____

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