

Coastline Micro, Inc.

60 Technology Drive

Irvine, California 92618-2301

TELEPHONE (800) 729-6809

FACSIMILE (949) 450-9977

www.coastlinemicro.com

NEW ACCOUNT AND CREDIT APPLICATION

GENERAL INFORMATION

CUSTOMER NAME: _____

DBA: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE: _____

FACSIMILE: _____

WEB SITE: _____

CONTACT PERSON: _____

TYPE OF BUSINESS: INDIVIDUAL PARTNERSHIP CORPORATION GOVERNMENT
 NON-PROFIT LLC OTHER

YEARS AT PRESENT ADDRESS: _____ ANNUAL SALES: _____

FEDERAL TAX ID NUMBER: _____ NUMBER OF EMPLOYEES: _____

TERMS REQUESTED: _____ CREDIT LINE REQUESTED: \$ _____

DATE BUSINESS ESTABLISHED: _____ PARENT COMPANY NAME, IF ANY: _____

DATE INCORPORATED: _____ STATE OF INCORPORATION: _____

DUN & BRADSTREET
NUMBER: _____

ACCOUNTANT
NAME AND PHONE: _____

ARE PURCHASE
ORDERS REQUIRED: _____ (YES OR NO)

AUTHORIZED BUYERS AND PURCHASERS:

NAME

NAME

NAME

NAME

SHIPPING INFORMATION

SHIPPING ADDRESS

ADDRESS 2

CITY

STATE

ZIP CODE

BILLING ADDRESS

BILLING ADDRESS

ADDRESS 2

CITY

STATE

ZIP CODE

A/P CONTACT AND
PHONE NUMBER

LIST OF OFFICERS OR PARTNERS

IF A CORPORATION OR LIMITED LIABILITY COMPANY (LLC), PLEASE COMPLETE THIS SECTION:

<u>TITLE</u>	<u>NAME</u>	<u>EMAIL OR TELEPHONE NUMBER</u>
PRESIDENT	_____	_____
VICE PRESIDENT	_____	_____
TREASURER	_____	_____
SECRETARY	_____	_____
CONTROLLER	_____	_____
BUYER:	_____	_____

IF A PARTNERSHIP, PLEASE COMPLETE THIS SECTION:

<u>TITLE</u>	<u>NAME</u>	<u>EMAIL OR TELEPHONE NUMBER</u>
GENERAL PARTNER	_____	_____
GENERAL PARTNER	_____	_____
GENERAL PARTNER	_____	_____
GENERAL PARTNER	_____	_____
BUYER:	_____	_____

FINANCIAL STATEMENTS
(CORPORATIONS, LIMITED LIABILITY COMPANIES AND PARTNERSHIPS ONLY)

WE REQUEST YOUR MOST RECENT TWO (2) YEARS OF AUDITED, REVIEWED OR INTERNALLY GENERATED FINANCIAL STATEMENTS. IF THE FINANCIAL STATEMENTS ARE NOT AUDITED BY A CERTIFIED PUBLIC ACCOUNTANT, A

CORPORATE OFFICER OR GENERAL PARTNER MUST SIGN AND CERTIFY THE ACCURACY OF THE STATEMENTS.

TRADE REFERENCES

WE REQUIRE AT LEAST FOUR (4) CURRENT TRADE REFERENCES:

COMPANY AND ADDRESS	CONTACT/TELEPHONE	A/C NUMBER	CREDIT LINE

BANKING REFERENCES

WE REQUIRE AT LEAST ONE, AND PREFERABLY TWO, CURRENT BANKING REFERENCES:

BANK NAME AND BRANCH ADDRESS	CONTACT NAME AND PHONE NUMBER	A/C NUMBER	TYPE OF A/C

BANK NAME AND BRANCH ADDRESS	CONTACT NAME AND PHONE NUMBER	A/C NUMBER	TYPE OF A/C

THE UNDERSIGNED AFFIRMS THAT THE ABOVE CREDIT INFORMATION IS TRUE AND CORRECT AND IS GIVEN FOR THE EXTENSION OF CREDIT BY COASTLINE MICRO, INC. I/WE AGREE TO PAY A LATE CHARGE ON ANY UNPAID ACCOUNT AFTER 30 DAYS AT THE RATE OF 1.50% PER MONTH OR THE HIGHEST RATE ALLOWED BY LAW. SHOULD ANY DISPUTE ARISE FROM THIS AGREEMENT, THE UNDERSIGNED AGREES THAT THE PREVAILING PARTY WILL RECEIVE ITS COSTS, EXPENSES AND ATTORNEYS' FEES. THE UNDERSIGNED SUBMITS TO THE JURISDICTION WITHIN CALIFORNIA AND VENUE FOR ANY LEGAL ACTION SHALL BE IN ORANGE COUNTY, CALIFORNIA, WHETHER FILED BY THE UNDERSIGNED OR COASTLINE MICRO, INC. THIS AGREEMENT IS NOT TRANSFERABLE OR ASSIGNABLE WITHOUT THE PRIOR WRITTEN CONSENT OF THE PRESIDENT OF COASTLINE MICRO, INC. I/WE HEREBY AUTHORIZE THE RELEASE OF INFORMATION TO OBTAIN CREDIT WITH COASTLINE MICRO, INC. INCLUDING FROM ANY TRADE OR BANKING REFERENCE NAMED IN THIS APPLICATION. THE UNDERSIGNED GRANTS COASTLINE MICRO, INC. THE RIGHT TO VERIFY ALL INFORMATION STATED IN THIS APPLICATION AND ANY ATTACHMENTS OR EXHIBITS HERETO. IF THIS APPLICATION IS APPROVED AND CREDIT TERMS ARE EXTENDED, I/WE AGREE THAT TERMS SHALL BE NET 30 UNLESS OTHERWISE SPECIFIED IN WRITING BY COASTLINE MICRO, INC. ALL INVOICES SHALL BE DUE AND FULLY PAYABLE WITHIN 30 DAYS FROM THE DATE OF EACH INVOICE.

NOTE: IF CORPORATION, TWO OFFICERS MUST SIGN. IF PARTNERSHIP, ALL GENERAL PARTNERS MUST SIGN. IF INDIVIDUAL, HUSBAND AND WIFE MUST SIGN, IF LIMITED LIABILITY COMPANY, TWO PRINCIPALS MUST SIGN.

AUTHORIZED SIGNATURE:		DATE:	
	_____		_____
	TITLE		
AUTHORIZED SIGNATURE:		DATE:	
	_____		_____
	TITLE		

IN CONSIDERATION OF CREDIT GRANTED BY COASTLINE MICRO, INC., THE UNDERSIGNED PERSONALLY GUARANTEES ANY AND ALL CHARGES AND/OR MONEY DUE COASTLINE MICRO, INC. BY THE CUSTOMER NAMED IN THIS APPLICATION. THIS SUM SHALL INCLUDE ANY AND ALL ATTORNEYS' FEES, COSTS, AND LATE CHARGES. IN THE EVENT PAYMENT IS DEMANDED BY COASTLINE MICRO, INC., THE UNDERSIGNED AGREES TO MAKE PAYMENT WITHIN 30 DAYS. THE UNDERSIGNED SUBMITS TO THE JURISDICTION OF CALIFORNIA AND VENUE FOR ANY LEGAL ACTION SHALL BE IN ORANGE COUNTY, CALIFORNIA, WHETHER FILED BY THE UNDERSIGNED OR COASTLINE MICRO, INC. SIGNATURES TO THIS INDIVIDUAL PERSONAL GUARANTY MAY BE COMMUNICATED AND DELIVERED BY FACSIMILE TRANSMISSION AND SHALL BE DEEMED ENFORCEABLE TO THE SAME EXTENT AS AN ORIGINAL SIGNATURE. BY EXECUTING THIS INDIVIDUAL PERSONAL GUARANTY, THE UNDERSIGNED AGREES TO BE BOUND BY ITS TERMS.

THE UNDERSIGNED GRANTS TO COASTLINE MICRO, INC. PERMISSION TO OBTAIN A CONSUMER CREDIT REPORT IN CONNECTION WITH THIS INDIVIDUAL PERSONAL GUARANTY AND TO VERIFY THE INFORMATION CONTAINED THEREIN.

SIGNATURES OF INDIVIDUAL PERSONAL GUARANTORS:

SIGNATURE OF INDIVIDUAL:		DATE:	
<hr/>		<hr/>	
PRINT NAME	<hr/>	SSN	<hr/>
SIGNATURE OF INDIVIDUAL:		DATE:	
<hr/>		<hr/>	
NAME:		<hr/>	
PRINT NAME	<hr/>	SSN	<hr/>

RESALE CERTIFICATE

(PLEASE COMPLETE IF APPLICABLE)

I/We hereby certify:

1. I/We hold a valid seller's permit number: _____
2. I/We are engaged in the business of selling the following type of tangible property:

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2. This certificate is for the purchase from:

COASTLINE MICRO, INC.

of the item(s) listed in paragraph 5 below.

4. I/We will resell the item(s) listed in paragraph 5, which we are purchasing under this resale certificate in the form of tangible personal property in the regular course of our business operations, and I/we will do so prior to making any use of the item(s) other than for demonstration and display while holding the item(s) for sale in the regular course of our business. I/We understand that if I/we use the item(s) purchased under this certificate in any manner other than as just described, I/we will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

Computer hardware, software and components.

CUSTOMER NAME AS SHOWN ON SELLER'S PERMIT	
AUTHORIZED SIGNATURE:	
	DATE: _____

(FOR COASTLINE MICRO USE ONLY)

REVIEWED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

SALES PERSON: _____

MAS 90 A/C NUMBER: _____

CREDIT LIMIT: _____

TERMS: _____