



CREDIT APPLICATION

Company Information

Date Company Established Length at current address: Years Months

C-Corp, State of Incorporation S-Corp, State of Incorporation

Partnership LLC Sole Proprietorship

Is there a parent corp. or subsidiary: Parent Subsidiary Name:

Company Name DBA Name

Billing Address

City State Zip

Phone Fax E-Mail

Shipping Address

City State Zip

Phone Fax E-Mail

Number of Employees D&B No. Federal EIN

Credit Line Requested \$ Terms Requested: Net 30 Credit Card Prepay Other

When paying by credit card, NewWave will process the card at the time of shipment. In the event you wish to process payment by credit card against an invoice originally designated to be paid by extended credit or NET terms, NewWave will impose a 2% service charge on the total invoice amount

Names of Principals / Owners of Firm/Contacts

President Phone Ext. E-Mail

Vice-President Phone Ext. E-Mail

Controller Phone Ext. E-Mail

Accounts Payable Phone Ext. E-Mail

Purchasing Contact Phone Ext. E-Mail

Credit Agreement

This application and agreement is submitted by applicant to NewWave Technologies (NWT hereafter) a Maryland corporation, to obtain trade credit. NWT reserves the right to decline credit to applicant, and in the event that credit is extended to applicant, change or revoke applicant credit limit on the basis of changes in NWT's credit policies or applicant's financial condition and/or payment record. All product sales by NWT to applicant will be subject to NWT's standard RMA Policy and Sales Terms and Conditions as published on NWT's website at www.newwavetech.com at the time of sale. Any variance from those terms and conditions will be effective only if agreed to in writing by NWT prior to the time of sale. I understand that NWT may investigate the Applicant's financial status further, and request documents or references from Applicant. Applicant agrees to make payment in full for all amounts due within 30 days (unless otherwise stated on invoice). Applicant also agrees to pay a late fee on all amounts that are past due at an amount equal to 1 1/2% per month or the highest rate allowed by law. In the event NWT should commence any action, or otherwise seek to enforce this agreement, Applicant agrees to pay all collection costs and attorney fees, with or without lawsuit. This agreement shall become effective upon acceptance by NWT and is entered into, and shall be governed by, and construed in accordance with, the laws of the State of Maryland. In consideration of NWT extending credit to the Applicant and to secure payment of all amounts the Applicant may owe NWT, the Applicant grants NWT a security interest in the following property; wherever located: (1) all merchandise NWT sell to the Applicant as described in each NWT invoice and packing slip; (2) All of the Applicant's rights to payments for such merchandise, (3) All additions, improvements, and substitutions to or for such merchandise; (4) All insurance proceeds on that merchandise. Upon NWT's request Applicant will immediately sign all documents relating to the perfecting of this security interest on behalf of the Applicant, or if Applicant cannot or will not do so, NewWave's officers are hereby irrevocably designated and appointed as Applicant's true and lawful attorney-in-fact for the purpose of doing so. Everything in this application is true and complete, and I am authorized to fill out this application and sign below for the applicant shown above.

Authorized Signature: Date:

Printed Name: Title:

When submitting this application, please attach a copy of your most recent financial statements and your resale certificate.



CREDIT APPLICATION

Company Name: _____

Bank References

Name _____ Account No. _____ Contact _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Account Type: Checking Savings Credit Line

Name _____ Account No. _____ Contact _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Account Type: Checking Savings Credit Line

Trade References

Name _____ Account No. _____ Contact _____
Address _____ City _____ State _____ Zip _____
Credit Limit \$ _____ Phone _____ Fax _____

Name _____ Account No. _____ Contact _____
Address _____ City _____ State _____ Zip _____
Credit Limit \$ _____ Phone _____ Fax _____

Name _____ Account No. _____ Contact _____
Address _____ City _____ State _____ Zip _____
Credit Limit \$ _____ Phone _____ Fax _____

Name _____ Account No. _____ Contact _____
Address _____ City _____ State _____ Zip _____
Credit Limit \$ _____ Phone _____ Fax _____

I, the undersigned, an officer and/or authorized representative, do **HEREBY AUTHORIZE** the above references to disclose all details necessary to assist NewWave Technologies, in establishing a credit account for our firm.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____



Customer Profile

1. Which of the following Categories best describes your business?

- | | | |
|--|---|---|
| <input type="checkbox"/> Document Imaging | <input type="checkbox"/> Mass Storage | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Service Bureau | <input type="checkbox"/> Audio Video | <input type="checkbox"/> Disk Duplication |
| <input type="checkbox"/> Leasing Company | <input type="checkbox"/> Gov't Integrator | <input type="checkbox"/> Medical Imaging |
| <input type="checkbox"/> Office Equipment Dealer | | <input type="checkbox"/> Other _____ |

2. What are the main vertical markets on which your company focuses, if any?

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Utilities | <input type="checkbox"/> Digital Video |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Government | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Education | |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Legal | |

3. As an estimate, what are your annual purchases for resale in following categories?

Imaging \$ _____ Storage \$ _____ Duplication \$ _____ Other \$ _____

4. What Vendor Partner Programs do you participate in?

- | | | |
|---|---|--|
| <input type="checkbox"/> Kodak KAIR | <input type="checkbox"/> Kofax CSP | <input type="checkbox"/> Xerox Partner |
| <input type="checkbox"/> Fujitsu Premier VAR | <input type="checkbox"/> Panasonic PIIV | <input type="checkbox"/> Sharp |
| <input type="checkbox"/> Fujitsu Pro VAR | <input type="checkbox"/> Primera Authorized | <input type="checkbox"/> IBM Partner |
| <input type="checkbox"/> Bowe Bell & Howell Big Picture | <input type="checkbox"/> Rimage Perfect Partner | <input type="checkbox"/> Other _____ |

5. What Scanner/MFP Manufacturers do you purchase?

Kodak _____%	Canon _____%	Xerox _____%
Fujitsu _____%	Ricoh _____%	Panasonic _____%
Bowe Bell & Howell _____%	Sharp _____%	Konica-Minolta _____%
Visioneer _____%		Other _____%

6. How did you hear about NewWave Technologies?

- | | | |
|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Referral | <input type="checkbox"/> Website |
| <input type="checkbox"/> NewWave Direct Contact | <input type="checkbox"/> Trade Show | |
| <input type="checkbox"/> Publication | <input type="checkbox"/> Vendor _____ | |

If referral, by whom: _____

Internal Use

- | | |
|--|---|
| <input type="checkbox"/> Customer Name _____ | <input type="checkbox"/> Inside Sales _____ |
| <input type="checkbox"/> Customer Number _____ | <input type="checkbox"/> Field Sales _____ |