



Application for Credit

4238B Arlington Heights Rd. #244, Arlington Heights, IL 60004 Tel: 847-870-1723 - Fax: 847-483-1129

Please complete both pages, sign, and fax back to 847-483-1129– Thank you!

Date:	Sales Rep.	
D/B/A:	Owned By:	
Business Address		Tel:
Contact Person		Tax ID or SNN:
Parent Co.	Address	
Tel:	Fax:	
Home Address:		Tel:
<u>Officers and Principals</u>		
Name:		Title:
Name:		Title:
<u>Company Information:</u> Corporation / Partnership / Proprietorship / Franchise		
Date Company Established: / /		
Type of Business		
Names previously used for advertising:		
3 Current Trade References - <u>Fax number is required!</u>		
Company	Tel: Fax	Acct. #
Address:		Contact:
Company	Tel: Fax	Acct.#
Address:		Contact:
Company	Tel: Fax	Acct. #
Address:		Contact:

Bank References		
Bank	Tel:	Acct. #
Address:		Contact:
Bank	Tel:	Acct. #
Address:		Contact:

Acceptance of Terms

Upon approval of this application, a 30-day account will be opened for your convenience. All bills are due in our office within 30 days of the date of each invoice. A late charge will be added to all amounts not paid within 30 days from date of invoice at the rate of one and one-half percent (1.5%) per month or 18 percent per annum.

If failure to pay according to the terms of the agreement causes this account to be assigned or referred to an attorney for collection, buyer agrees to pay seller's reasonable collection and/or attorney fee and all court costs.

The undersigned hereby certifies that he or she is duly authorized to sign this application on behalf of applicant/buyer, that the information given in this application is true and correct to best of his or her knowledge and that the applicant/buyer hereby agrees to the foregoing terms and conditions.

Date:

Signature:



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If you are seeking credit terms with RF IDEas you need to sign this form authorizing your bank to complete and send directly to RF IDEas, Inc.

BANK CREDIT REFERENCE FORM

TO:

DATE:

DEAR BANK OFFICER:

WE ARE AUTHORIZING THE BANK TO RELEASE INFORMATION ABOUT OUR ACCOUNTS OUTSTANDING, CREDIT LINE AND PAYMENT HISTORY TO COMPU-AMERICA, TO BE USED EXPLICITLY FOR THE ESTABLISHMENT OF AN OPEN ACCOUNT AND CREDIT LINE. THIS INFORMATION IS TO BE KEPT IN THE STRICTEST OF CONFIDENCE.

SIGNED _____
PRINT NAME _____
TITLE _____
COMPANY _____
BANK ACCT NO. _____

GENTLEMEN:

THE ABOVE CUSTOMER IS APPLYING FOR A CREDIT LINE WITH US AND HAS GIVEN YOUR BANK AS REFERENCE. KINDLY PROVIDE US WITH THE FOLLOWING INFORMATION AND SEND THIS FORM BACK TO US AT FAX NO. (847)483-1129 C/O Harvey Kuehn.

FOR ANY QUESTION, PLS. CALL US AT TEL. NO. (847) 870-1723.

DATE ACCOUNT OPENED _____ AVG. BALANCE MAINTAINED: _____
LINE OF CREDIT (IF ANY) _____ SECURED? _____
CREDIT LIMIT _____ AMOUNT NOW OWING: _____
PAYMENT HABITS _____ NSF CHECKS: _____
OVERALL CREDIT RATING: _____

COMMENTS:

We assure you that this information will be kept strictly confidential. Your immediate reply will be very much appreciated.

Sincerely,

Harvey Kuehn