

**CONFIDENTIAL APPLICATION FOR OPEN ACCOUNT**  
 (Allow 3-5 Days to Process)

Date: \_\_\_\_\_ Primary Contact: \_\_\_\_\_  
 Legal Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type:  Corporation  Partnership  Sole Proprietorship  Other \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Est. Date: \_\_\_\_\_  
 Primary Business Activity: \_\_\_\_\_  
 # of Locations: \_\_\_\_\_ # of Employees: \_\_\_\_\_ Former Business: \_\_\_\_\_  
 Annual Sales: \$ \_\_\_\_\_ Estimated Annual Purchases: \$ \_\_\_\_\_

Terms Applying For:  Net 30  COD  Credit Card  Prepay

Officers, Partners or Owners:

<u>Name/Title</u>	<u>Social Security #</u>	<u>% Owned</u>

Trade References: Please list at least 3

<u>Company Name/Contact</u>	<u>Phone Number</u>	<u>FAX Number</u>

Bank References:

<u>Bank/Contact</u>	<u>Account Number</u>	<u>Phone Number</u>	<u>FAX Number</u>

Summation Technology, LLC is authorized to contact parties indicated on this application as verification for the purpose of obtaining credit. I/we hereby certify that the information given in this application is true and correct, and any financial information submitted correctly reflects our financial condition. I/we agree to pay all invoices within the stated terms and to pay service charges on amounts paid after invoice due dates at a rate of 1.5% per month, or the maximum allowable rate, whichever is less. In the event suit is instituted to collect amounts owed and a judgment is rendered in Summations favor, I/we agree to pay court costs and reasonable attorney fees. I/we have read this agreement, a copy has been made available to us or is available upon request from the credit department.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_