



5001 1st Ave SE
Suite 105-332
Cedar Rapids, IA 52402

CONFIDENTIAL APPLICATION FOR OPEN ACCOUNT

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:

Table with 3 columns: Name/Title, Social Security #, % Owned

Trade References: Please list at least 3

Table with 3 columns: Company Name/Contact, Phone Number, FAX Number

Bank References:

Table with 4 columns: Bank/Contact, Account Number, Phone Number, FAX Number

Summation Technology is authorized to contact references 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 Summation's favor, I/we agree to pay court costs and attorney fees. I/we have read this agreement, and a copy has been made available to us or is available upon request from the credit department.

Printed Name & Title Signature Date