



DATE

Internal Use	
Approval Date	
Limit	
Terms IFSC	
Terms WD	
ACCT#	

CLIENT CREDIT APPLICATION

IMPORTANT REQUIREMENTS

- Please** 1. Your current year-end financial statement (balance sheet and income statement)
Note: must accompany this application. If it is unaudited, the respective owner/officer must sign and date each financial statement, indicating the period covered by each statement.
 2. The application must be signed by a corporate officer or the owner of sole proprietorships.

Mail To: Techcharity
 121 Mission Falls Lane
 Fremont, CA 94539
 Attn: Credit Dept.

Copy To:

GENERAL INFORMATION

Business TAX ID: _____

Business Trade Name (DBA) _____

Business Legal Name (as it appears on business license) _____

Business Street Address (Street, City, & Zip Code) _____ Business Phone _____

Billing Address (if different - Street, City, & Zip Code) _____ Fax Number _____

Shipping Address (if different - Street, City, & Zip Code) _____

Officer/Owner Name _____ Title _____

Officer/Owner Name _____ Title _____

Purchasing Department Contact _____ Title _____ Business Phone _____

Account Payable Contact _____ Title _____ Business Phone _____

SHIP TO ADDRESS (Use company letterhead to add additional addresses now or at a later time)

Name, Address (Street, City, State, & Zip Code) _____ Telephone _____ Contact Name _____

Name, Address (Street, City, State, & Zip Code) _____ Telephone _____ Contact Name _____

DESCRIPTION OF BUSINESS

This company is a (check one): Sole Proprietorship
 Corporation - Private
 Public

Incorporated in the state of: _____

Length of time under the above business name: _____

D&B number: _____

SIC number: _____

Federal ID number: _____

Tax Exempt ID: (please include a copy of the exemption certificate) _____

What is your company's total annual revenue? _____

How many employees does your company have? _____

Please describe your company's business: _____

BANK INFORMATION

1st Bank	2nd Bank
Address	Address
Account Officer	Account Officer
Account Number	Account Number
Telephone Number	Telephone Number

PRIMARY SUPPLIERS (Related industry first, purchases during last 12 months, preferably in the USA)

Name, Address (Street, City, State, & Zip Code)	Telephone	Account Number
Name, Address (Street, City, State, & Zip Code)	Telephone	Account Number
Name, Address (Street, City, State, & Zip Code)	Telephone	Account Number

PARTIAL SHIPMENTS (Amend as necessary using Company letterhead to notify Reseller)

Indicate preference below:

Partial shipments and invoices for product shipped will be accepted and paid according to the terms set forth in this agreement.

All orders must be shipped complete.

LEGAL NOTICE

Attachment of preprinted credit disclosure information is acceptable provided this application is signed and dated.

This application is submitted by applicant to Ingram Financial Services ("IFSC") for the purpose of obtaining credit. IFSC reserves the right to decline credit to applicant and, in the event credit is extended to applicant, to change or revoke applicant's credit limit on the basis of changes in IFSC's credit policies or applicant's financial condition and/or payment record.

Applicant recognizes that IFSC is providing a valuable service by accepting the financial risk associated with product ordered from the trade vendor ("Reseller") show in the "Copy To" block on Page 1. IFSC will invoice applicant for all product purchased relevant to the orders for which this application is made. The invoice created by IFSC will reference the Reseller indicated on this document and will denote IFSC as the "Care Of" payee. Applicant must take the necessary steps to insure that IFSC is a valid vendor for the purposes of allocating invoiced amounts and issuing checks from applicants Accounts Payable Department.

IFSC may contact applicant directly in the event of issues related to an invoice created for product shipped to applicant under the name of reseller. Applicant understands that the relationship between it and IFSC is the result of an agreement between IFSC and applicant's reseller. IFSC does not desire to enter into a trade vendor relationship with applicant and all contact related to product ordered should continue to be with reseller.

By signing this application, applicant certifies that all information provided on this application is correct to the best of applicant's knowledge. Applicant hereby authorizes the references listed on this application to release credit and banking information to IFSC.

Terms are Net 30 Days. Additional terms and conditions applicable to this application are attached and may require a signature.

By signing this application customer acknowledges that they have read, understand and agree to the attached terms and conditions, and notice of assignment agreement.

Signed at: _____ as of this _____ day of _____ 200_____

Officer/Owner: _____
Authorized Signature Print Name & Title

NOA Agreement

See Attached.

Terms and Conditions

See Attached.

Personal Guarantee

See Attached

RELEASE AUTHORIZATION

DATE:

To Whom It May Concern

I hereby authorize you to release to Techcharity a California Corporation, 121 Mission Falls Lane., Fremont CA. 94539, all pertinent information concerning your experience with our accounts. All said information will be held in the strictest confidence by WatchDog Inc. Your cooperation is sincerely appreciated.

Company: _____

Address: _____

State/Zip _____

Print Name: _____

By: _____

Title: _____