



450C First Street  
 Los Altos, CA 94022 U.S.A.  
**FAX (650) 917-5901**

For Magna Systems Use	
Company: _____	_____
Account #: _____	Approved Amount: _____
By: _____	Date: _____

### CUSTOMER CREDIT APPLICATION

Company Name:	Dun & Bradstreet #:	Telephone Number:
Date Business Started:	Federal Tax ID#:	Parent Company:

**SHIP TO:**

**BILL TO:**

Company Name:	Company Name:
Street Address:	Street Address:
City, State, Zip Code:	City, State, Zip Code:

**LEGAL COMPOSITION & BACKGROUND INFORMATION**

Sole Proprietorship Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Corporation President: \_\_\_\_\_ Phone: \_\_\_\_\_

L.L.C. / L.L.P. Managing Member: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Gross Sales \_\_\_\_\_ Current Net Worth \_\_\_\_\_ Number of Employees \_\_\_\_\_

Brief explanation of business \_\_\_\_\_

VP Finance / CFO: \_\_\_\_\_ Phone / ext. \_\_\_\_\_

Purchasing Manager: \_\_\_\_\_ Phone / ext. \_\_\_\_\_

**BILLING INSTRUCTIONS**

Desired Credit Limit USD \$ \_\_\_\_\_ Purchase Order # Required: Yes \_\_\_ No \_\_\_

Send invoices via: email \_\_\_ FAX \_\_\_ Mail to billing address \_\_\_

email address or FAX # for invoices \_\_\_\_\_

Number of copies of invoices \_\_\_\_\_

Send monthly statements via: email \_\_\_ FAX \_\_\_ Mail to billing address \_\_\_

email address or FAX # for monthly statements \_\_\_\_\_

**TERMS OF SALE**

Our standard terms are Net 30 Days. The net due date is the date thirty (30) days from the date of the invoice. Failure to adhere to these terms may result in a shipping hold on future orders and / or a service charge of 2.5% per month on the outstanding balance.

If the Applicant should default on the payment of monies that are legitimately owed, Magna Systems shall be entitled to incur collection expenses and reasonable attorney's fees, which amounts shall be added to the unpaid balance of the Applicant's account and shall be deemed due and owed by Applicant.

The parties hereto agree that this Agreement will be governed by and interpreted in accordance with the laws of the State of California and that any litigation arising hereunder shall, to the extent possible, be conducted in California. Should any portion of these terms and conditions be found invalid or unenforceable the remainder of the Terms of Credit shall remain in full force and effect. The undersigned acknowledges that Magna Systems may create complete reproductions of this and any related documents, including any signatures, and may store and / or reproduce said documents from electronic formats and that such reproductions from electronic formats shall constitute sufficient evidence of the originals for all purposes, including, but not limited to, any form of dispute resolution proceedings.

I hereby certify that the information contained herein, together with all other information submitted in connection with this application is, to the best of my knowledge, true and correct. I understand that Magna Systems will rely on this information in extending credit to my company and I authorize Magna Systems to contact and obtain information from the references provided. I have read and understand the Terms of Sale and agree that such terms shall apply to all transactions with Magna Systems, L.L.C.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed / Typed Name \_\_\_\_\_ Date \_\_\_\_\_



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***BANKING REFERENCES***

Name of Bank: _____	Name of Bank: _____
Address: _____	Address: _____
City, State, Zip Code: _____	City, State, Zip Code: _____
Account Number(s): _____	Account Number(s): _____
Contact Name: _____ Phone: _____	Contact Name: _____ Phone: _____

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Name and Signature to Authorize the Release of Banking & Account Information

***TRADE REFERENCES***

Trade references from the U.S.A. are preferred. Please give ZIP codes and list account and FAX numbers.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Acct. No. \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Acct. No. \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Acct. No. \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Acct. No. \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Acct. No. \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Acct. No. \_\_\_\_\_