



Compucase Corporation

16720 Chestnut St, Unit C
 City of Industry, CA 91748
 TEL: +1-626-3366588 FAX: +1-626-3339288
 Website: <http://www.hecgroupusa.com>

Credit Application

Company Name : _____

DBA (if any): _____ Compucase Rep (if any): _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Federal Tax I. D. # : _____ State Tax I. D. # : _____

Contact Person for

Purchasing :	_____	Tel : (_____)
		Fax : (_____)
Accounting :	_____	Tel : (_____)
		Fax : (_____)

Date of Established _____ Estimate Annual Sales : _____

No. of Employees : _____ Long-term liabilities : _____

Type of Business: _____ Type of Ownership :

Desired Credit Term: _____ : Sole Ownership : Corporation

Desired Credit Line: _____ : Partnership : Other

Principals

Principal #1 First Name : _____ Last Name : _____

Title : _____ Home Phone : (_____)

Home Address : _____

Principal #2 First Name : _____ Last Name : _____

Title : _____ Home Phone : (_____)

Home Address : _____



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Trade Reference (s)

Name # 1 :	_____	Name # 3 :	_____
Address :	_____	Address :	_____
Telephone :	() _____	Telephone :	() _____
Fax:	() _____	Fax:	() _____
Contact Person :	_____	Contact Person :	_____
Name # 2 :	_____	Name # 4 :	_____
Address :	_____	Address :	_____
Telephone :	() _____	Telephone :	() _____
Fax:	() _____	Fax:	() _____
Contact Person :	_____	Contact Person :	_____

Financial Reference (s)

Bank #1 :	_____	Contact Person :	_____
Address :	_____	Telephone :	() _____
Checking Acc. # :	_____	Fax:	() _____
		Saving Acc. # :	_____
Bank #2 :	_____	Contact Person :	_____
Address :	_____	Telephone :	() _____
Checking Acc. # :	_____	Fax:	() _____
		Saving Acc. # :	_____

Credit Terms and Conditions

THIS APPLICATION IS TO BE USED ONLY FOR POSSIBLE EXTENSION OF CREDIT

certify that the information provided in this application, to the best of my knowledge, is correct. I understand that Compucase Corporation will hereby treat all of the information which I have provided as confidential. I have read and understood the "Terms & Conditions of Sales" of Compucase Corporation and I agree to the terms and conditions described below. I understand that this application must be accompanied by an Income Statement and a Balance Sheet to be considered valid.

Terms and Conditions of Sales

All shipments are F.O.B. City of Industry, California, unless otherwise specified.
 No returns for refund or credit will be accepted after 30 days from the invoice date unless prior arrangements have been made in exceptional circumstances. All returns are subject to a 15% restocking fee.
 Return Merchandise Authorization (RMA) number is required. Shipments which arrive without RMA numbers clearly marked will be refused.
 Not paid in full when due, purchaser agrees to pay a 1.5% per month late charge. Purchaser further agrees to pay costs of collection including, but not limited to, reasonable

All goods state in the invoices remain the property of COMPUCASE CORPORATION, until paid in full by the purchaser
 Jurisdiction for all disputes regarding payment, delivery, terms, or merchandise is to be solely in Los Angeles County, CA
 I have authorized Compucase to obtain both trade reference and bank reference according to my reference listings.

Firm Name : _____

Authorized By : _____ Title : _____

Print Name : _____ Date : _____



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To Our Valued Customers :

In compliance with Sales and Use Tax Laws, it is necessary that we have all a signed resale certificate, with a current and valid State Sales Tax Permit Number, from all of our customers to show that any merchandise that have been purchased from Compucase Corporation are to be resold.

The good faith of the seller will be questioned if he or she has knowledge of facts which give rise to a reasonable inference that the purchase does not intend to resell the property. This may occur if there is knowledge that a purchaser of particular merchandise is not normally engaged in the business of selling that type of merchandise.

Under "Description of property to be purchased", there may appear:

- (1) An itemized list of the particular property to be purchased for resale; or
- (2) A general description of the kind of property to be purchased for resale or revoked in writing.

Please fill out your NEW SALES TAX NUMBER, WITH YOUR SIGNATURE AND ADDRESS ON THE FOLLOWING RESALE CERTIFICATE FORM AND RETURN IT TO US AT ONCE.

Resale Certificate

FIRM NAME: (1) _____

I ("reseller") HEREBY CERTIFY,
 that I hold valid seller's permit number (2) _____ issued by the state of

(3) _____, and is engaged in the business of selling

(4) _____ personal property described below purchased

from Compucase Corporation will be re-sold by it in the form of tangible personal property:

Description of Property Purchased (5): _____

In the even that any of the above described property is not re-sold and is not held by Reseller for retention, demonstration, or display of sale in the regular course of Reseller's business, Reseller will report the purchase of such property to the appropriate tax authorities and will be required to pay the appropriate sales and use taxes relating to the purchase of such property.

Dated : (6) _____, 20 _____ Signature (7) _____

at (8) _____ By and Title (9) _____

Phone : (10) _____ Address : (11) _____

Bank Reference Request

Dear Customer:

Please fill out the following "Customer Section" in order for us to request Bank Reference on your Company.

Customer Section

Account Name: _____ Account Number: _____

Bank Name: _____ Bank Contact Person: _____

Authorizer Name: _____ Authorizing Signature: _____

Dear Sir or Madam:

I have a customer listed your bank as his/her financial reference on the credit application form. In order for us to establish a credit term, I would like to request your bank's experience with this account.

I have attached his/her authorization signature for releasing the information for your reference. Your prompt answer is greatly appreciated.

Please fill out the following information if available, thanks in advance:

Bank Section

Account Open Date: _____/_____/_____

Number of NSF on: Past 6 month: _____ Past year: _____

Average Balance:

Low 5 or less ___ Mid 5 ___ High 5 ___ Low 6 ___ Mid 6 ___ High 6 ___ Low 7 or More ___

Current Balance:

Low 5 or less ___ Mid 5 ___ High 5 ___ Low 6 ___ Mid 6 ___ High 6 ___ Low 7 or More ___

Prepared by: _____ Contact Phone Number: _____