



48834 Kato Road, Ste 114A, Fremont, CA 94538  
Tel: (510) 623-8700 Fax: (510) 623-8777

Salesperson: \_\_\_\_\_

## RESELLER CREDIT APPLICATION

### COMPANY INFORMATION:

Legal Business Name:	Business Trade Name-DBA:
Billing Address:	City: State: Zip:
Shipping Address:	City: State: Zip:
Business Phone:	Business Fax:
Business is: Public or Private	Description of Business:
Date Business Established:	Is Purchase Order required:
Rent or Own:	Length at Address:
Previous Address: (If less than 2 years)	City: State: Zip:
Dun & Bradstreet #:	Federal Tax #:
Business Website:	Number of Employees:
Requested Credit Terms:	Requested Credit Limit Amount:
Accounts Payable Contact:	Accounts Payable Email:

**CURRENT YEAR-END AND QUARTER FINANCIAL STATEMENTS ARE REQUIRED WITH  
REQUEST FOR NET TERMS**

### PRIVATE COMPANIES:

If Private Company, please check one below:				
<input type="checkbox"/> C-Corp State of Incorporation: _____	<input type="checkbox"/> S-Corp State of Incorporation: _____	<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
Is there a Parent Company: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Parent Company: _____			
Is there a Subsidiary: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Subsidiaries (use separate paper if necessary): _____			
List all owners with 25% or greater ownership starting with the greatest ownership percentage:				
<p><b>Customer is obligated to notify Synergy Technology Concepts immediately of any changes of ownership with in seven (7) days and is to be set by certified mail to Synergy Technology Concepts, 48834 Kato Road, Fremont, CA 94538.</b></p>				

Owner Name #1:	Percentage of Ownership ____%
Owner Name #2:	Percentage of Ownership ____%
Owner Name #3:	Percentage of Ownership ____%
Owner Name #4:	Percentage of Ownership ____%

**ADDITIONAL OWNER AND COMPANY INFORMATION:**

Has any owner's filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list which owner and the date and final decision.
Has company filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please list date and final decision.
The following additional owner information is necessary, if either of the following situations is present:	
1. Company is Sole Proprietorship or Partnership	2. Company is requesting Net Terms and would like the personal credit of the owner(s) to be considered in the evaluation
The principal(s) or sole proprietor of the credit applicant realizes that their personal credit history may be taken in consideration in the evaluation of the credit history of the credit applicant. The principal(s) or sole proprietor endorses and permits the use of a consumer credit report on the individuals named below for the purpose of evaluating credit of the applicant.	
Owner 1 Signature	Social Security Number
Home Street Address	City                      State                      Zip
Owner 2 Signature	Social Security Number
Home Street Address	City                      State                      Zip

**PUBLIC COMPANY:**

If Public, please complete the section below:	
Is there a Parent Company: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Parent Company:
Is there a Subsidiary: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Subsidiaries (use separate paper if necessary):
Stock Symbol:	Stock Listings:

**BANK INFORMATION:**

Bank Name:	Checking Account Number:	Date Opened:
Bank Address:	Bank Telephone Number:	Bank Fax Number:
City	State:                      Zip:	Contact Name:
Credit Line Acct Number:	Money Marketing Acct Number:	Savings Account Number:

Bank Name:	Checking Account Number:	Date Opened:
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Bank Address:	Bank Telephone Number:	Bank Fax Number:
City	State:                      Zip:	Contact Name:
Credit Line Acct Number:	Money Marketing Acct Number:	Savings Account Number:

**TRADE REFERENCES:**

Company Name:	Contact Name:	Phone Number:	Fax Number:
Address:	City:	State:	Zip:

Company Name:	Contact Name:	Phone Number:	Fax Number:
Address:	City:	State:	Zip:

Company Name:	Contact Name:	Phone Number:	Fax Number:
Address:	City:	State:	Zip:

**AGREEMENT:**

By accepting below you represent that your business is a valid business entity and that you are an authorized representative of the business with authority to enter into contractual agreements. You hereby agree to the terms of sale listed on each Synergy Technology Concepts invoice. Invoices and account statements will be provided by e-mail to the designated contact. In case of a credit sale, you acknowledge that Synergy Technology Concepts will charge a finance fee of one and one-half percent per each thirty day period, or part thereof, for any invoice that is past due. In order to induce Synergy Technology Concepts to extend credit for the purchase of Synergy Technology Concepts products ("Products") and for other good and valuable consideration, you hereby convey, grant and transfer to Synergy Technology Concepts a purchase money security interest in the Products and all proceeds until you perform all your obligations due to Synergy Technology Concepts. You agree to execute any financing statements that Synergy Technology Concepts may request in order to protect Synergy Technology Concepts security interest and hereby authorize Synergy Technology Concepts to execute and irrevocably appoint Synergy Technology Concepts as your attorney in fact for the execution of such financing statements and for the exercise of its remedies as a secured party. On behalf of your business, you certify that all information provided in this Application is complete and accurate, and you authorize Synergy Technology Concepts to obtain information about you personally and your business from credit reporting agencies and other sources Synergy Technology Concepts deems appropriate in considering this Application and subsequently for purposes of updates, renewals, or extensions of credit granted as a result of this Application or in receiving or collecting the Account. You agree that your transactions with Synergy Technology Concepts shall be governed by and construed in accordance with the laws of the State of California, without giving effect to its conflicts of laws principals. You further agree that any lawsuit between Synergy Technology Concepts and yourselves shall be brought only in the state or federal courts of Alameda County of California. You hereby submit to the jurisdiction of such courts in any dispute with Synergy Technology Concepts and you waive any objections to venue being in such courts.

**\*\*\*AUTHORIZED OFFICER OR OWNER MUST SIGN CREDIT APPLICATION\*\*\***

\_\_\_\_\_  
Owner/CEO/President/Partner/Corporate Officer Name-Please  
Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Synergy Technology Concepts Corp.

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## FINANCIAL AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Please accept this as authorization to release information regarding our accounts listed below to Synergy Technology Concepts, for the purpose of extending credit. I understand that this information will be kept in the strictest confidence between your organization and Synergy Technology Concepts.

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

\_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

\_\_\_\_\_

**Bank Contact Name:** \_\_\_\_\_

**Bank Phone #:** \_\_\_\_\_ **Bank Fax #:** \_\_\_\_\_

**Checking Acct #1:** \_\_\_\_\_ **Checking Acct #2:** \_\_\_\_\_

**Savings:** \_\_\_\_\_ **Money Marketing:** \_\_\_\_\_

**Loan:** \_\_\_\_\_ **Line of Credit:** \_\_\_\_\_

\_\_\_\_\_  
**Authorized Officer (Print Name)** **Signature**

\_\_\_\_\_  
**Title** **Date**