

# asa ELECTRONICS™

## CREDIT APPLICATION

RETURN TO FAX: 574-264-6542

Or email to:  
[voyagersales@asaelectronics.com](mailto:voyagersales@asaelectronics.com)

ACCOUNT # \_\_\_\_\_

DATE: \_\_\_\_\_

NEW CUSTOMER

INCREASE ONLY

### CUSTOMER INFORMATION:

COMPANY NAME \_\_\_\_\_ ADDITIONAL TRADE NAMES \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ E-MAIL \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE BUSINESS ESTABLISHED \_\_\_\_\_ PRODUCTS MANUFACTURED OR SOLD \_\_\_\_\_

TYPE OF BUSINESS: CORPORATION ( ) PARTNERSHIP ( ) LLC ( ) OTHER ( ) \_\_\_\_\_

FEDERAL TAX ID# \_\_\_\_\_

NAME AND LOCATION OF OTHER BUSINESS OWNED \_\_\_\_\_

### NAMES OF OWNERS, PARTNERS OR OFFICERS:

NAME	TITLE	NAME	TITLE
1 _____	_____	2 _____	_____
3 _____	_____	4 _____	_____

NAME OF ACCOUNTS PAYABLE REP \_\_\_\_\_

### TAX INFORMATION:

**PLEASE ATTACH TAX EXEMPT CERTIFICATE**  
**EXEMPT (long#)** \_\_\_\_\_

**TAX**

PRODUCT WILL BE RETAILED (CHECK BOX ONLY IF YOU WILL BE RETAILING PURCHASED PRODUCT)

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PROJECTED MONTHLY PURCHASES \_\_\_\_\_ REQUESTED CREDIT GUIDE AMOUNT \_\_\_\_\_

.....  
Will you accept partial shipments or must we ship complete?  Partial  Complete

Substitutes Allowed?  Yes  No

CA002V01

**BANKING INFORMATION:**

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

STREET \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

BANK CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

FAX # \_\_\_\_\_

**PRINCIPAL SUPPLIERS:**

1. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL \_\_\_\_\_

3. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL \_\_\_\_\_

4. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL \_\_\_\_\_

**TERMS AND CONDITIONS**

IT IS AGREED THAT THE APPLICANT WILL PAY ALL INVOICES AND BILLING STATEMENTS WITHIN THE TERMS AND CONDITIONS OF ALL INVOICES SUPPLIED BY ASA ELECTRONICS. IN THE EVENT THAT SUCH PAYMENT IS NOT TIMELY MADE, THE APPLICANT AGREES TO PAY ALL DELINQUENT INVOICES INTEREST AT THE RATE SET FORTH IN THE VARIOUS INVOICES OR ONE AND ONE-HALF PERCENT (1-1/2%) PER MONTH (EIGHTEEN PERCENT (18%) PER ANNUM), WHICHEVER IS GREATER, TOGETHER WITH COURT COSTS, ATTORNEY'S FEES (OF NOT LESS THAN TWENTY-FIVE PERCENT (25%) OF THE UNPAID AMOUNT OF PRINCIPAL AND INTEREST OR THE ACTUAL ATTORNEY FEES, WHICHEVER IS GREATER) AND COSTS OF COLLECTION WHICH ASA ELECTRONICS MAY INCUR IN ENFORCING THE TERMS AND CONDITIONS OF THIS AGREEMENT, ALL WITHOUT RELIEF FROM VALUATION AND APPRAISEMENT LAWS. IF LEGAL ACTION BECOMES NECESSARY, THE APPLICANT AGREES THAT THIS AND ANY CONTEMPORANEOUS OR SUBSEQUENT AGREEMENTS WILL BE GOVERNED AS TO VALIDITY, INTERPRETATION, CONSTRUCTION, EFFECT AND ALL OTHER RESPECT BY THE LAWS OF THE STATE OF INDIANA, REGARDLESS OF CONFLICT OF LAW PRINCIPLES. APPLICANT AGREES THAT IN THE EVENT LEGAL ACTION BECOMES NECESSARY, JURISDICTION AND PREFERRED VENUE SHALL REMAIN IN ELKHART COUNTY, STATE OF INDIANA.

APPLICANT FURTHER AGREES THAT THE LINE OF CREDIT DESIRED AND APPROVED IS NOT A LIMITATION OF LIABILITY, AND THE APPLICANT EXPRESSLY AGREES THAT APPLICANT WILL BE RESPONSIBLE FOR PAYMENT OF CHARGES IN EXCESS OF THE LINE OF CREDIT EITHER DESIRED OR APPROVED AND ANY AND ALL AMOUNTS OUTSTANDING ON THE LINE OF CREDIT AT ANYTIME. FURTHERMORE, THE APPLICANT AGREES AND ACKNOWLEDGES THAT ASA ELECTRONICS SHALL HAVE THE RIGHT, UPON THIRTY (30) DAYS NOTICE TO APPLICANT, TO TERMINATE THE LINE OF CREDIT. UPON SUCH TERMINATION, APPLICANT AGREES TO PAY ALL AMOUNTS OUTSTANDING ON THE LINE OF CREDIT WITHIN THIRTY (30) DAYS.

APPLICANT AUTHORIZES ASA ELECTRONICS TO INVESTIGATE APPLICANT'S CREDIT STANDING, FINANCIAL CIRCUMSTANCES AND RESPONSIBILITY AND AUTHORIZES AND INSTRUCTS ALL PERSONS HAVING INFORMATION CONCERNING APPLICANT'S CREDIT STANDING, FINANCIAL CIRCUMSTANCES AND RESPONSIBILITY TO RELEASE SUCH INFORMATION TO ASA ELECTRONICS, ITS AGENTS, ATTORNEYS OR EMPLOYEES. THE UNDERSIGNED ACKNOWLEDGES AND REPRESENTS THAT THEY HAVE FULL POWER AND AUTHORITY TO EXECUTE THIS CREDIT APPLICATION PURSUANT TO THE AUTHORITY GRANTED THEM BY THE APPLICANT AND THAT THE UNDERSIGNED'S EXECUTION OF THIS CREDIT APPLICATION BINDS THE APPLICANT TO ALL OF ITS TERMS, REPRESENTATIONS AND COVENANTS.

APPLICANT UNDERSTANDS THAT ALL MERCHANDISE PURCHASED FROM ASA ELECTRONICS IS SUBJECT TO ALL TERMS AND CONDITIONS CONTAINED IN THE CREDIT APPLICATION AND AGREEMENT AND ALL OTHER TERMS AND CONDITIONS CONTAINED ON ANY OF ASA ELECTRONICS' INVOICES.

\_\_\_\_\_  
AUTHORIZED CORPORATE OFFICER OR AGENT SIGNATURE  
TITLE AND PRINTED NAME: \_\_\_\_\_ DATE \_\_\_\_\_

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**\*\*\*AUTHORIZATION FOR RELEASE OF BANKING INFORMATION\*\*\***

PLEASE ACCEPT THIS AS AUTHORIZATION TO RELEASE THE FOLLOWING INFORMATION TO ASA ELECTRONICS FOR THE SOLE PURPOSE OF DETERMINING CREDIT. I UNDERSTAND THAT THIS INFORMATION WILL BE KEPT IN THE STRICTEST CONFIDENCE BETWEEN MY BANKING INSTITUTION AND ASA ELECTRONICS. THIS SIGNATURE IS VALID FOR ONE MONTH FROM THE DATE OF SIGNATURE.

I HEREBY GIVE MY AUTHORIZATION FOR OUR COMPANY'S FINANCIAL INSTITUTION TO RELEASE TO ASA ELECTRONICS ANY INFORMATION NECESSARY TO PROCESS OUR CREDIT APPLICATION, IN THE FORM OF FAX OR BY PHONE.

COMPANY  
NAME \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZED CORPORATE OFFICER OR AGENT  
SIGNATURE \_\_\_\_\_ TITLE AND PRINTED NAME \_\_\_\_\_