

CompuDirect, Inc.

4232 Socastee Blvd, Myrtle Beach, SC 29588. Tel #: (843) 293-2667 Fax #: (843) 293-2232

CREDIT AGREEMENT

Please complete and return via mail or send via Fax to (843) 293-2232

Application for: ___ 10 Day Open Account Requested credit limit \$ _____

Company Information

Company or Corporation Name			Tel #		Fax #	
Billing Address (not P.O. Box)			City		State	Zip + 4
Shipping Address (not P.O. Box)			City		State	Zip + 4
Account Payable Contact & Telephone #			Controller's Name and Telephone #			
Date Company Started		Annual sales Volume		Est. Monthly Purchase Vol.	Dun & Bradstreet (D&B) #	
Resale / Sale Tax # REQUIRED		Do you require the use of Purchase Orders? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are Financial Statements Available? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ATTACH		
State of Incorp.	No. of Locations	No. of Employees	Business is	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Proprietorship

Banking Information

1st Bank Name			Contact Name		Telephone #	
Address (Street, City, State & Zip)					Date Account Opened	
Checking Account #		Saving Account #		Loan #		
2nd Bank Name (if applicable)			Contact Name		Telephone #	
Address (Street, City, State & Zip)					Date Account Opened	
Checking Account #		Saving Account #		Loan #		

Accordance with the Fair Credit Reporting Act, I authorize CompuDirect, Inc. to receive full credit information as requested, relating to our Credit and Bank experiences. I have read all the provisions of this Agreement and intend to be legally bound by all such provisions. I am authorized to execute this Agreement on behalf of Applicant and to legally Bind Applicant.

Signature _____ Print Name & Title _____ Date _____

Credit References

1st Firm		Contact Name		Telephone #		
Address (Street, City, State & Zip)					Account #	
2nd Firm		Contact Name		Telephone #		
Address (Street, City, State & Zip)					Account #	
3rd Firm		Contact Name		Telephone #		
Address (Street, City, State & Zip)					Account #	

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Proprietors, Partners, or Authorized Officers

Name	Title	Home Phone #
Address (Street, City, State & Zip, not P.O.Box)		Social Security #
Name	Title	Home Phone #
Address (Street, City State & Zip, not P.O.Box)		Social Security #

Credit Card Information: Visa Master Card (Must include copy of Driver License and Credit Card)

Card Number	Exp. Date	Issued Bank Name	Bank's Tel. #	Name on Card
Address (Street, City, State & Zip, not P.O. Box)			Billing Address	
I am the authorized signer on the above card and hereby give CompuDirect, Inc. permission to bill my credit card when verbally requested. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ Signature _____ Date </div>				

Agreement to Terms

In signing below, I certify to CompuDirect, Inc. that :

- (1) **Credit Agreement:** Everything in this Agreement is true and complete, and I am authorized to fill out this Agreement and sign below for the Company shown above. I understand that you may investigate my financial status and the Company's financial status further, and request other documents or references from us. Our not complying, or if anything turns out to be untrue, is grounds for all credit to end immediately and all account balances to become immediately due and payable.
- (2) **Security Interest:** In the event of Applicant's failure to timely pay CompuDirect, Inc. all sums due and owing, Applicant shall, in addition to all sums due and owing, pay all of CompuDirect, Inc.'s costs of collection, including, but not limited to, court costs, attorneys' fees, N.S.F. charges and restocking charges, together with interest at the rate of 1.5% per month on all such outstanding sums (or the maximum interest permitted by law, whichever shall be less). Applicant does hereby consent to the exclusive jurisdiction of the Court of Horry County, South Carolina in connection with CompuDirect, Inc.'s enforcement of its rights thereunder or in any subsequent documents / transactions with Applicant or in connection with any disputes arising out of any such documents transactions. In the event of Applicant's nonpayment, CompuDirect, Inc. shall also, at CompuDirect's election, be permitted to offset and deduct from any amounts owing from CompuDirect, Inc. to Applicant the unpaid sums owing from Applicant to CompuDirect, Inc..
- (3) **Returned Checks:** I understand that if the Company's check is returned by the bank, we will be assessed \$25.00 for each check returned. Until the Company wire transfers the full amount due, our account will automatically be placed on a cashier's check basis (Prepay).
- (4) **Attorney's Fees:** If any amount due CompuDirect, Inc. shall be collected through an attorney, we agree to pay the full amount of the attorney's fees.
- (5) **Returned Products:** In case of returned product, Applicant shall pay CompuDirect, Inc.'s restocking charges then in effect, as well as UPS/shipping/other costs and charges incurred in connection with improperly returned product. I understand that these terms are accepted by the Company by my submitting the Credit Agreement to CompuDirect, Inc.

Signature _____ Print Name & Title _____ Date _____

Guaranty

To induce CompuDirect, Inc. (sometimes called "you") to extend credit to the Company identified above, I absolutely, irrevocably, and unconditionally guarantee the prompt, full payment of all sums due you from the Company when due. Thus, if the company does not make any payment when due, you can demand the full amount of all sums owed CompuDirect, Inc. by the company (whether due or not due yet), and I will immediately pay it. I will also pay all applicable interest, reasonable attorney's fees, and all costs and expenses CompuDirect, Inc. incurs in collecting what it is owed, whether from me or the Company or both. If I do not pay what is due under the Guaranty immediately upon your demand, I agree that you can proceed against me without having to first file a lawsuit against the Company, or against it and me together. Finally, if I notify CompuDirect, Inc., my liability under this guaranty will freeze as of the date on which you receive my notice will continue until that debt is satisfied. My doing so will also give you the right to alter your terms to the Company.

Signature _____ Name (Print) _____ Date _____

Home Address _____

City _____ Zip _____ Tel _____