

LINK NEW TECH INC DISTRIBUTOR APPLICATION 8702 Business Ct., Converse, TX 78109

(210) 945-3900 FAX: (210) 945-3903

BUSINESS AND BILLING INFORM	MATION				
Full Legal Business Name	Doin	g Business As			
Business Phone Number	Fax Number	E-ma	ail		
Business Address (No P.o. Box)	City	State	Э	Zip Code	
Previous Address (If less than one	year at current address)				
Dun & Bradstreet Number	Taxpayer ID Nur	mber Selle	ers Permit #		
Billing Address	City	State	Э	Zip Code	
Purchaser Name	Title	Com	Company Annual Revenue		
TRADE REFERENCES	РНО	NE NUMBER	FAX NUMBER		
BANK INFORMATION	Checking Acct #	: City	:	State:	
Bank Name		,	-		
Bank Phone number:	Bank	Fax number:			
PERSONAL GUARANTY					
If you are a professional; or if the applicant has rev year, you should give us your personal guaranty. Yo based on your business information. I authorize Lin Link New Tech Inc or its agent may request my perseview or collection of this account.	ur personal guaranty will speed proces k New Tech Inc to investigate my pers sonal credit bureau report in consideri	ssing of this application and may onal credit and financial records ng this application, and for the p	help us approve if we are, including my banking reurpose of an update, rene	e unable to grant credit cords. I understand ewal, extension of credit,	
First Name	Middle Initial	Last Name	S.S.#	<u> </u>	
Present Home Address		dle Initial Last Name S.S.# Home Phone Number			
City		State	Zip Code _		
In consideration of Link New Tech Inc extending cre				- ·	
attorney's fees or court or other collection costs per	•	· · ·			
first proceeding against applicant, until the governir agreement and this guaranty. I agree to guaranty pa			-		
agreement and this guaranty. I agree to guaranty pa failure to make required payments on the account n	,		, ,	e information including	
Personal Guaranty Signature	lay be reported to the appropriate rep-	Date			
SIGNATURE					
By signing below, you certify that you have read the	attached agreeement, all the informat	ion provided in this application is	s true and correct; you are	e authorized to sign this	
application on behalf of the applicant; and you agre Authorized Siganture (required)	•	•	c, account.		
thorized Siganture (required) Date					
CREDIT APPLICATION					
Agreement Terms: All invoices are due and payab					
Finance Charge: Finance charges of 1 1/2 % per r	·				
Default-Collection-Acceleration Costs: Your acce	ount is in default if you become insolve	ent: if you file bankruptcy petition	or have one filed agianst	you; if you made	

Default-Collection-Acceleration Costs: Your account is in default if you become insolvent: if you file bankruptcy petition or have one filed agianst you; if you made false or misleading statement on the application for your account; if we have a reasonable belief that you are unable or unwilling to repay your obligations to us; or fail to comply with the terms of this agreement, including failing to make a required payment when due, exceeding your credit limit or paying us with a check that is returned unpaid. If you are in default, we may declare the entire balance of your account immediately due and payable without notice. If you are in default and we refer the collection of your account to attorney or employ an attorney to represent us with regard to recovery of money that you owe us, we may charge you reasonable attorney fees or court or other collection costs as permitted by law and as actually incurred by us. We may delay enforcing or not to enforce any of our rights under this Agreement without losing or waiving any of them.

Credit Limit: We will advise you of your credit limit. We may increase or decrease your credit limit from time to time.