



14330 S. Figueroa St., Gardena, CA 90248 . TEL 310-516-6610 . FAX 310-516-6644 . info@electronicentrydistributors.com

CONFIDENTIAL APPLICATION FOR OPEN ACCOUNT

PLEASE MAKE SURE YOUR SIGNATURE IS INCLUDED ON PAGE 3 AND PAGE 4. ALSO PLEASE REMEMBER TO PROVIDE US WITH THE DOLLAR AMOUNT OF CREDIT REQUESTED ON PAGE 2.

COMPANY NAME: _____

EMAIL: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____ FAX #: _____

SHIPPING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____ FAX #: _____

HOW DID YOU HEAR ABOUT EED? _____

REGIONAL SALES MANAGER: _____ OTHER: _____

BRANCH LOCATION: _____

EED CONTACT/SUBMITTED BY: _____

CORPORATION PARTNERSHIP INDIVIDUAL/SOLE PROPRIETOR

IF INCORPORATED – DATE: _____ STATE: _____ RESALE #: _____

NAME OF OFFICERS OR PRINCIPALS

NAME: _____ TITLE: _____ SS#: _____

NAME: _____ TITLE: _____ SS#: _____

ACCOUNTS PAYABLE CONTACT INFORMATION: _____

TYPE OF BUSINESS: _____ TYPE OF BUSINESS: _____

STATE/MUNICIPALITY REQUIRED LICENSING NUMBER: _____

IN ORDER TO BETTER SERVE YOUR INVENTORY NEEDS, HOW MANY INSTALLATIONS DO YOU

PERFORM PER YEAR? 12 AND UNDER 13-24 25-48 49+



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CONFIDENTIAL APPLICATION FOR OPEN ACCOUNT (CONT.)

NAME OF BANK: _____ ACCOUNT #: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE #: _____ FAX #: _____

BANK CONT ACT: _____ EMAIL: _____

CREDIT LINE REQUESTED WITH EED: _____

TRADE REFERENCES*

1. COMPANY NAME: _____ ACCOUNT #: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE #: _____ FAX #: _____

CONTACT NAME: _____ EMAIL: _____

2. COMPANY NAME: _____ ACCOUNT #: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE #: _____ FAX #: _____

CONTACT NAME: _____ EMAIL: _____

3. COMPANY NAME: _____ ACCOUNT #: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE #: _____ FAX #: _____

CONTACT NAME: _____ EMAIL: _____

4. COMPANY NAME: _____ ACCOUNT #: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE #: _____ FAX #: _____

CONTACT NAME: _____ EMAIL: _____

* PLEASE PROVIDE A MINIMUM OF THREE TRADE REFERENCES.



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CHARGE AGREEMENT FOR PURCHASE OF MATERIALS AND SERVICES

I HEREBY REQUEST TO OPEN A CHARGE ACCOUNT FOR MATERIALS & SERVICES

COMPANY NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____ FAX #: _____

EMAIL: _____ PURCHASED ORDER REQUIRED: YES NO

PERSONS AUTHORIZED TO CHARGE ON THIS ACCOUNT:

ACCOUNTS PAYABLE CONTACT INFORMATION

NAME: _____

PHONE #: _____

EMAIL: _____

FAX: _____

I agree to furnish the address and location of each project that materials are purchased for.

This Agreement will remain in effect for all future purchases until revoked in writing by either party. Any state or local sales or use taxes due will be the responsibility of the purchaser, whether or not they are included in the purchase price.

Payment terms: Payment is due for all purchases made within 30 days of date of receipt of materials unless other arrangements have been made in writing, prior to delivery of materials. IN THE EVENT OF NON-PAYMENT OF THE OBLIGATION WITHIN SEVEN DAYS FROM DUE DATE, AS SET FORTH ON CHARGE TICKET, CUSTOMER AGREES TO PAY FINANCE CHARGE OF 1 1/2% PER MONTH ON THE UNPAID BALANCE.

Jurisdiction and Venue: This Contract will be governed by and construed in accordance with the laws of the State of California and it is agreed by the Parties hereto that proper jurisdiction and venue of any action pertaining to the enforcement, interpretation, or construction of this Contract will be the County of Ventura, State of California.

Any controversy or claim arising out of or relating to this Agreement, or the breach thereof, may be settled by arbitration administered by the American Arbitration

Association in accordance with it's (applicable) rules and judgment on the award rendered by the Arbitrator may be entered in any court having jurisdiction thereof. Any arbitration proceedings shall be held in the State of California, County of Ventura. The costs of arbitration shall be borne by each party at their own expense.

In the event of litigation or arbitration arising out of this agreement, or the performance, interpretation or construction thereof, the prevailing party to such action shall be entitled, in addition to any other remedy available by applicable law or this agreement, to an award as and for any attorney fees, expert witness fees, or any other costs normally associated with such an action, in an amount so as to compensate said prevailing party for any actual attorney fees, expert fees or other such costs incurred in good faith, including fees and costs incurred prior to commencement of litigation or arbitration, on appeal or to enforce judgment. Said award shall be entered separately or as a portion of the award of a judge or arbitrator in any such action.

By signing this credit application agreement, the individual executing this application below on behalf of Buyer, individually and personally, represents and warrants to Electronic Entry Distributors that: 1) He/she is authorized to execute this Application on behalf of Buyer; 2) the information set forth in this Application is accurate and complete; and 3) Buyer agrees that the prevailing party in any proceeding to enforce this Guarantee or to resolve a dispute with Electronic Entry Distributors, will be entitled to recover its costs, including attorneys' fees, court costs and collection agency fees from the other party. Faxed documents will be deemed as original. No oral agreements will be accepted. The terms on this credit application/agreement overrides all others.

BY: _____ BY: _____

Steven Bennett (Seller)

(Purchaser - Signature)

(Purchaser - Please Print Name)

DATE: _____ DATE: _____



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CONFIDENTIAL REQUEST FOR CREDIT INFORMATION FROM BANK & TRADE REFERENCES

PLEASE SIGN BELOW IN ORDER TO COMPLETE YOUR APPLICATION

THIS SECTION TO BE FILLED OUT BY YOUR BANK AND TRADE REFERENCES

TO _____ DATE: _____

_____ HAS APPLIED FOR CREDIT
WITH ELECTRONIC ENTRY DISTRIBUTORS. (Company)

IN ORDER TO PROCESS THEIR APPLICATION, WE NEED THE FOLLOWING INFORMATION TO COMPLETE OUR CREDIT CHECK.

1. LENGTH OF TIME ACCOUNT ESTABLISHED: _____ YEARS _____ MONTHS

2. CREDIT LIMIT: _____

3. AVERAGE BALANCE: _____ TERMS _____

4. EXPERIENCE: EARLY PAY PER TERMS SLOW PAY POOR

5. A. FOR BANKS - ACCOUNT NUMBER: _____

5. B. B. EXPERIENCE - (OVERDRAFTS): NEVER OCCASIONALLY FREQUENT

**THANK YOU FOR YOUR COOPERATION.
ELECTRONIC ENTRY DISTRIBUTORS
INFO@ELECTRONICENTRYDISTRIBUTORS.COM**

CUSTOMER SIGNATURE NEEDED TO OBTAIN INFORMATION FROM YOUR BANK AND TRADE REFERENCES

(Applicant - Signature) TITLE: _____

(Applicant - Please Print Your Name)