SoftSource, Inc.

28715 Los Alisos Blvd., #7-326
Mission Viejo, CA 92692
Ph. 949-888-8200
Fx. 949-888-8209

Application For Credit

(for confidential use only)

Name of Business:_____ Phone:_____
DBA:_____ Fax:_____
Address:_____ Yrs.In Business:_____
City, Sate, Zip:_____ Type of Business:_____

Please select one: Individual Partnership Corporation
Federal Tax # or Social Security #:_____
Resale # (Please attach copy):_____

Contacts:

President/CEO:_____
Controller/Accounts Payable:_____

Business References:

	Company Name	Address	Phone#	Fax #
1				
2				
3				
4				
5				

Banking Information:

	Name of Bank	Address	Phone#	Fax#
1				
2				

I (we) hereby apply for credit and/or COD terms and give permission to SoftSource and our business and banking references to inquire and release any/all credit and bank references, including the investigation of personal credit information as deemed appropriate and necessary to grant credit/COD terms.

When such credit is extended I (we) agree and understand the following:

1) Payment terms are specified on each invoice.
2) A service charge of 1.5% per month will be charged on all past due invoices.
3) To pay any and all attorney/collection fees and costs in the event such action is taken.
4) A $25 return check fee for each occurrence will be charged.
5) All contracts for sales are made in and governed by the state of California.
6) In consideration of terms extended by SoftSource, I acknowledge by my signature, my personal guarantee of payment within the spcified terms of each invoice.
7) Client accepts the responsibility to determine suitability of the product/service for his/her intended use, and Client assumes all risk and liability whatsoever in connection therewith.

SoftSource will process and ship your first order via a faxed copy of this agreement. Please mail back the original signed copy prior to placing your second order.

_____by:_____

Signature of Corporate Officer Print Name and Title Date