

NEW ACCOUNT APPLICATION

COMPANY INFORMATION

Business Name: _____
(List all Trade Names, DBA's; Divisions or Subsidiaries)

Street Address _____ City _____ State _____ Zip _____

Main Phone: _____ Fax: _____ E-Mail: _____

Tax ID/FEIN#: _____ D&B#: _____ Years In Business: _____

Billing Address: _____ City _____ State: _____ Zip: _____
(if different from above)

Billing Phone: _____ Fax: _____ E-Mail: _____

Billing Contact: _____ Sales Contact: _____

NOTE: If your company is exempt from sales tax, we must have a copy of your Tax Certificate of Exemption on file. Please include it with your application.

TAX EXEMPT

TAXABLE

Tax exemption certificate must be provided and on file or Customer will be responsible for taxes due on invoice.

BANKING INFORMATION

Bank _____ Contact _____ Phone _____

TRADE REFERENCES

<u>Company Name</u>	<u>Contact</u>	<u>Phone</u>	<u>E-Mail</u>	<u>Current Credit Limit</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Sedia Systems, Inc. to investigate all references and customary credit information sources including consumer credit reporting repositories regarding our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship. I/We certify that this request is for the extension of credit for business purposes only and not for the extension of credit for personal, family or household purposes.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH SEDIA SYSTEMS' TERMS:

Signature

Printed Name & Title

Date

Please return this form and a copy of your W-9 to accounting@sediasystems.com or fax to 312.226.1199.