

# CONFIDENTIAL CREDIT APPLICATION FOR IKEGAMI ELECTRONICS (U.S.A.), INC.

37 Brook Avenue  
Maywood, NJ 07607

Phone: (201) 368-9171  
Fax: (201) 569-1626  
www.ikegami.com

<b>CREDIT LINE REQUESTED \$ <u>1,000.-</u></b>				
<b>Legal Name of Business</b>		<b>Started</b>	<b>Parent Company Name (if applicable)</b>	
<b>Street</b>		<b>Street</b>		
<b>City, State, Zip Code</b>		<b>City, State, Zip Code</b>		
<b>Contact Person / E-Mail Address</b>		<b>Contact Person / E-Mail Address</b>		
<b>Telephone (with area code) / Fax Number (with area code)</b>		<b>Telephone (with area code) / Fax Number (with area code)</b>		
<b>IF BUSINESS IS INCORPORATED, PLEASE INDICATE UNDER THE LAWS OF WHAT STATE: _____</b>				
<b>EQUIPMENT NEEDS:</b>				
<b>BROADCAST:</b>	<input type="checkbox"/>	<b>MEDICAL:</b>	<input type="checkbox"/>	<b>CCTV B&amp;W</b>
<b>CCTV COLOR</b>	<input type="checkbox"/>	<b>MONITORS:</b>	<input type="checkbox"/>	<b>RF (MICROWAVE)</b>
<b>OTHER</b>	_____			
<b>TRADE REFERENCES</b>				
<b>1. Name</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone: ( )</b>	<b>Fax: ( )</b>	<b>ACCT#</b>		
<b>2. Name</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone: ( )</b>	<b>Fax: ( )</b>	<b>ACCT#</b>		
<b>3. Name</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone: ( )</b>	<b>Fax: ( )</b>	<b>ACCT#</b>		
<b>BANK REFERENCES</b>				
<b>1. Name</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone: ( )</b>	<b>Fax: ( )</b>	<b>ACCT#</b>		
<b>1. Name</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone: ( )</b>	<b>Fax: ( )</b>	<b>ACCT#</b>		
<b>Account Nos. (1)</b>		<b>(2)</b>		
<b>PLEASE INCLUDE A COPY OF YOUR RECENT FISCAL FINANCIAL STATEMENT. OUR TERMS OF SALE ARE NET 30 DAYS FROM DATE OF INVOICE:</b> A late payment policy will be enforced on any invoice which remains unpaid at the end of 60 days, retroactive to 30 days from the date of invoice. Finance charges of 1-1/2% per month, 18% per annum, will be added to the invoice amount subject to state law.				
<b>I certify that the above information is complete and accurate and authorize Ikegami Electronics, (U.S.A.), Inc. to investigate my credit. The references herein are authorized and requested to respond to our inquiry.</b>				
_____				
<b>Print Name</b>				
_____				
<b>Signature</b>		<b>Title</b>	<b>Date</b>	
_____		_____	_____	
<b>Person Name of Account payable;</b>		<b>E-Mail Address :</b>		_____
_____		_____		_____
<b>IF YOUR BUSINESS IS TAX EXEMPT, A COPY OF YOUR TAX EXEMPTION CERTIFICATE WILL BE REQUIRED TO PREVENT BILLING OF APPLICABLE SALES TAX.</b>				