Fit Digital div. Tower Products, Inc.
812 Kings Highway • Box 397
Saugerties, New York 12456 (USA)
800-445-7568 • Offices: 845-246-7500
Fax: 845-246-1757 • E-Mail: sales@fitdigital.com
w w w . f i t d i g i t a l . c o m

Credit Application

Business Name_____ Line of Credit Requested $ _____

Phone (_____)_____Fax (_____)_____

Address_____ For Past _____years

Shipping Address_____

D/B/A_____ Federal Tax ID#_____

Former Business Address (if applicable)_____

Type of Business_____ Date Established_____ How long in Business_____

Mortgage holder/Landlord _____

Address_____ Phone #_____

Does State, County, or City require a License? Yes No If Yes, License #_____

OWNERSHIP: Sole Proprietorship Partnership Corporation

PRINCIPAL: _____
(NAME) (Title) (SS#)

PRINCIPAL: _____
(NAME) (Title) (SS#)

PRINCIPAL: _____
(NAME) (Title) (SS#)

TRADE REFERENCES:

NAME	PHONE/FAX#
_____	_____
_____	_____
_____	_____
_____	_____

BANK REFERENCE:

(Name)	(Address)	(Acct #)	(contact)
_____	_____	_____	_____
_____	_____ (Phone#)	_____ (Fax#)	_____

Accounts Payable Contact

(Name)	(Phone#)	(Fax#)
_____	_____	_____

No. of Employees _____Est. Annual sales _____ Sales Area_____

Fit Digital div. Tower Products, Inc.
812 Kings Highway • Box 397
Saugerties, New York 12456 (USA)
800-445-7568 • Offices: 845-246-7500
Fax: 845-246-1757 • E-Mail: sales@fitdigital.com
w w w . f i t d i g i t a l . c o m

Credit Application

Has the firm or any of its principals ever been Bankrupt? Yes No

If Yes, explain_____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (NET 20 DAYS) and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

_____
(Name of Business)

_____ _____ _____
(Print Name) (Title) (Signature)

_____ _____ _____
(Print Name) (Title) (Signature)

Personal Guarantee

In consideration for Fit Digital extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Fit Digital by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Fit Digital and the business. Fit Digital shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Fit Digital.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by Fit Digital. Said notice shall specify the date on which this guaranty is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date_____ Name:_____
(Name of person guaranteeing payment, NO TITLE)
Home address_____
Home Phone #_____ SS#_____
Signature of person guaranteeing payment _____
Name of Business whose account is guaranteed_____

CREDIT DEPARTMENT USE ONLY

Date: _____ Line of Credit Approved Denied Amount $_____

Comments: _____