



Credit Application

You may open this form in Adobe Acrobat Reader and type in your data.

The Customer hereby provides information (including attached recent audited Balance Sheet and Income Statement) to En Pointe Technologies Sales, Inc. (En Pointe) for the purpose of obtaining credit. En Pointe reserves the right to decline credit and, if credit is granted, to change or revoke the credit limit on the basis of En Pointe's credit policies or the customer's financial condition and/or payment history. Generally, payment term is NET 25 (bill is due and payable in full 25 days from invoice date).

★ **En Pointe Account Executive** Name _____ SPN ID# (3-digit) _____ Branch _____
Tel _____ Fax _____ E-mail _____

★ **Company Name:** _____ DBA _____ List As _____
Street Address _____ City, State, Zip _____
Primary Contact Name _____ Phone _____ E-mail _____ Fax _____
Acct Payable Contact _____ Phone _____ E-mail _____ Fax _____
Federal Tax ID# _____ Bus. Lic#/State/Date _____ # of Years in business _____
Annual Sales \$ _____ #of employees _____ # of Years at current address _____

★ **Form of business** (check one) **Corporation** (State: _____) **Sole Proprietorship** **Partnership**
★ **Type of Business** (check one):
 College/Univ/Institute Govt Education Commercial
 Vocational school Govt Medical Computer Reseller
 Technical school Govt/Educ/Medical Private individual
 K-12 school Local Govt Leasing company
 College/Univ employee State Govt Medical (private institution)
 Non-profit/Religious/Charity Federal Govt Other _____
★ **Reseller:** Yes No

★ **References** (Please attach recent audited financial statements, including Balance Sheet and Income Statement.)

Bank _____ Officer _____ Email _____ Phone _____
Address _____ City, State, Zip _____ Fax _____
Checking Acct# _____ Saving Acct# _____ Loant# _____

Trade Ref _____ Contact _____ Email _____ Phone _____
Address _____ City, State, Zip _____ Fax _____

Trade Ref _____ Contact _____ Email _____ Phone _____
Address _____ City, State, Zip _____ Fax _____

★ **Sales Tax:** **Tax Exempt.** (Please attach valid certificate) **Taxable.** Customer agrees to be assessed sales tax rate at the shipping destination.

★ **Authorized Orders:** En Pointe may accept any one of the following methods check-marked. (Cross out ineligible methods.)
 Hard-Copy Original PO AccessPointe™ (web) order Signed SAP Quote
 Faxed PO E-mail order Signed Purchase Requisitions

★ **Authorized Persons:**

1) Name _____ email _____ 4) Name _____ email _____
2) Name _____ email _____ 5) Name _____ email _____
3) Name _____ email _____ 6) Name _____ email _____

★ **Restocking Fees:** Customer will issue a separate PO for processing charges & restock fees resulting from product returns.
 Customer authorizes En Pointe to deduct applicable product returns processing charges & restock fees from credit due.

★ **Shipment Status:** We accept partial shipments and will pay as invoiced.

★ **Ship-To Locations:**

1) _____
2) _____
3) _____

★ **Software Licensing:** Enrollment# _____ Pool or Volume levels: Systems: _____ Application: _____ Servers: _____

The Customer certifies that all information provided on this form is correct to the best of the Customer's knowledge. The Customer hereby authorizes the release of credit and banking information to En Pointe by the references listed above.

Customer Authorized Officer: Name (Print) _____ Title: _____
Signature _____ Date: _____

Please fax the signed form to our Credit Dept: (310) 258-2309