



2D Electronics, LLC
 1070 West 124th Ave, Suite B-100
 Westminster, CO 80234
 303.938.1133 800.683.6835
 Fax 303.938.8062

FOR INTERNAL USE ONLY
Account:
Terms:
Credit Limit:

APPLICATION FOR ACCOUNT

Signature required for processing

Name of Company/Firm		Trade Name	
Mailing Address		City/State/Zip	
Billing Address		City/State/Zip	
Phone		Fax	
How did you hear about 2D Electronics?		What types of products do you sell? (Circle all that apply)	
		Burglar Access Control Fire	
		DVR CCTV Home Automation	
		Sound & Communications Voice & Data Cabling	
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor		Year Established:	PO Required?
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership		Years at Present Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Purchasing Agents:	Name	Email	
	Name	Email	
	Name	Email	
	Name	Email	

Principals/Officers

Name	Title	Years in Service
Address	SS#	
Email	Phone	
Name	Title	Years in Service
Address	SS#	
Email	Phone	

Tax Exempt Please attach copy of certificate

State Tax Resale Number	State
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Trade References

Name	Address	Phone
Account #	City/State/Zip	Fax
Name	Address	Phone
Account #	City/State/Zip	Fax
Name	Address	Phone
Account #	City/State/Zip	Fax

Bank Reference

Name	Address	Phone
Account # and Type of Account	City/State/Zip	Fax

Credit Request

Credit Amount Requested (If over \$10,000, please submit a financial statement)	Terms Requested: <input type="checkbox"/> Net 30 <input type="checkbox"/> COD (Company Check) <input type="checkbox"/> COD (Cash, Certified Check, or Money Order)
Credit Card Accounts: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express I hereby authorize 2D Electronics to bill the following credit card for purchases: Credit Card Number: _____ Expiration Date: _____ Name on Card: _____ Authorized Signature: _____	

If credit is granted, I/We promise to pay all bills within 2D Electronics' terms of Net-30 days from receipt of invoice. I/We understand that there will be 1 1/2 % interest per month charged on all past due balances. In the event payment is not made and this account is referred for collections, I/We agree to pay all collection fees, attorney fees, and court costs if applicable. There will be a \$25.00 fee charged for all returned checks. I/We also understand and agree that 2D Electronics LLC has our permission to conduct a credit investigation including, but not limited to, bank and trade references, and credit bureaus. Failure to comply with these Terms and Conditions may result in cancellation of credit privileges without notice.

All credit returns will be subject to 2D's repair and return policy. Merchandise will not be accepted for return unless authorized by 2D by obtaining an RMA number. Merchandise accepted for return may be subject to a restocking charge. I/We herein make application to 2D Electronics LLC for credit and/or to update and reconfirm our existing account and balance. By signing this document, I/We agree to abide by the Original Manufacturer's Warranty Policy.

Any warranty on any merchandise purchased from 2D Electronics hereunder is subject to payment in full of all amounts owed with respect to such merchandise and purchaser will have no rights under such warranty until payment in full is received by 2D Electronics.

The parties expressly agree that exclusive jurisdiction for any legal proceeding relating to this agreement or otherwise related to the merchandise purchased hereunder shall be in any Colorado state court located in Westminster, Colorado or federal court located in Denver, Colorado. Each party expressly and irrevocably consents and submits to the jurisdiction of each such state and federal court in connection with any such legal proceeding.

Signature of Principal/Owner	Print Name	Title	Date
Signature of Principal/Owner	Print Name	Title	Date