



MEGATOP

10600 Route 116
 Hinesburg, VT 05461
 Tel: (888) 634-2867
 Fax: (802) 243-0232
 Email: sales@megatop.com
 Web: www.megatop.com

Credit Application

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FULL BUSINESS NAME			
STREET ADDRESS	CITY	STATE	ZIP
PHONE	FAX	EMAIL	WEBSITE
SALES TAX STATUS FEDERAL TAX I.D. NUMBER		<input type="checkbox"/> TAXABLED & B NUMBER	<input type="checkbox"/> NON-TAXABLE * Tax Exemption Certificate must be attached to receive exempt status
FEDERAL TAX I.D. NUMBER	D & B NUMBER	LENGTH OF TIME IN BUSINESS	STATE OF INCORPORATION
TYPE OF BUSINESS (CHECK ONE) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp		PREFERRED INVOICE METHOD (CHECK ONE) <input type="checkbox"/> AP Email <input type="checkbox"/> Fax <input type="checkbox"/> Hard Copy (Provide contact info below) Accounts Payable Contact Name Accounts Payable Contact Phone Number	

* Asterisked fields must be completed to process this credit application.
 ** Double asterisked fields can be left blank if attaching credit reference document.



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IF CORPORATION, LIMITED LIABILITY COMPANY, OR PARTNERSHIP, PROVIDE THE INFORMATION FOR EACH CORPORATE OFFICER, MEMBER, OR PARTNER. **

Name, Position, Phone Number

1. _____

2. _____

3. _____

BUSINESS REFERENCES.** (Must be a current supplier with whom you have done business for the last year).

Company Name, Address, Contact Name, Phone, Fax, Email

1. _____

2. _____

3. _____

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TO BE COMPLETED BY THE APPLICANT.*

CHECKING ACCOUNT:*

Bank Name: _____ Account Numbers: _____

Branch/Address: _____

Bank Officer: _____ Phone: _____ Fax: _____

We authorize MEGATOP to inquire with our bank to get references, solely for the purpose of establishing credit.

This information is held in the strictest confidence.

Authorized Signer:* _____ Date: _____

Name (Printed):* _____

Title (Printed):* _____

TO BE COMPLETED BY BANK

Opening Date: _____ 12-Month Average Balance: _____

NSF's: _____ Overdrafts: _____ Rating: _____

Loan Information

Line of Credit _____ Term Loan _____

Maturity Date: _____ Maturity Date: _____

Original Balance: _____ Original Balance: _____

Current Balance: _____ Current Balance: _____

Available Balance: _____ Available Balance: _____

Comments _____

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The undersigned hereby certifies that the above information provided is true and correct and authorizes, and consents by signature below, MEGATOP to conduct normal credit investigation of the above-named applicant, including but not limited to a credit check, calling or otherwise contacting the above business references; contacting the bank set out above regarding the account(s) that the applicant has with the bank and their performance; consents to court information searches, including for judgments, pending suits and bankruptcy proceedings, whether open or closed; contacting any governmental agencies; and will cooperating in any manner in the future to allow MEGATOP to determine the credit situation.

This consent is not for a single inquiry and during the credit relationship, MEGATOP reserves the right to make additional further or different inquiries to redetermine the applicant's credit situation. An extension of credit is not a guarantee of continuing credit extensions.

In consideration of any credit extended, the credit applicant agrees:

Payment shall be made to the above address of MEGATOP not later than thirty (30) days from the date shown on each individual invoice. MEGATOP may refuse to extend credit at any time for any reason, including for a pending shipment/order.

All accounts, or any part thereof, which are unpaid at the end of such thirty (30) day period shall be charged a finance charge at the rate of 1.5% per month but not greater than any applicable legal rate.

If any account or accounts are placed in the hands of a collection agency or an attorney or collected through probate or bankruptcy proceedings or other legal procedures, the undersigned credit applicant agrees to pay all reasonable collection costs, including reasonable attorney's fees.

This credit application's terms, conditions, and representations are binding on the original applicant, its successors, assigns, legal representatives, and trustees.

The person signing this application is authorized to do so and is authorized to bind the applicant to the terms, provisions, conditions, and obligations herein.

Vermont law applies, both substantive and procedural. Any suit brought to collect any sums or to retrieve any product or for any other claim arising out of the business relationship of the applicant and MEGATOP shall be brought exclusively in the circuit court for the State of Vermont for the county of Chittenden.

Dated this* _____ day of _____, year _____

Company Name* (Print) _____

Signature* _____

Name* (Print) _____

Title* (Print) _____

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