



## Application for Open Credit with Moonblink Incorporated

Legal Business Name \_\_\_\_\_

Trade Name – DBA \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business is a:  Corporation  LLC  Partnership  Proprietorship Year Started \_\_\_\_\_ State of Org. \_\_\_\_\_

Federal I.D. # \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_ Website Address \_\_\_\_\_

Main Business Focus:  Corporate  Distributor  E-Commerce  Government/Education

Manufacturer/OEM  Retail Computer Store  VAR/System Consultant  Wholesaler  Other \_\_\_\_\_

Are you a:  Subsidiary  Division

Parent Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you require a purchase order # before we accept an order?  Yes  No

Estimated Monthly Purchases \$ \_\_\_\_\_

Credit Line Requested \$ \_\_\_\_\_

### **BANK AND TRADE REFERENCES MUST BE COMPLETED TO BE CONSIDERED FOR NET TERMS**

#### **Bank References** *(use additional page if needed)*

Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Date Opened \_\_\_\_\_

Checking # \_\_\_\_\_ Savings # \_\_\_\_\_ Loan # \_\_\_\_\_

Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Date Opened \_\_\_\_\_

Checking # \_\_\_\_\_ Savings # \_\_\_\_\_ Loan # \_\_\_\_\_

### **Moonblink Communications**

• 1211 Alderwood Avenue, Sunnyvale, California 94089 • Tel: (408) 850-1143 • Fax: (866) 879-2129 •



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**Trade References (Major Suppliers)** *(use additional page if needed)*

1. Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
 Credit Terms \_\_\_\_\_ Credit Limit \_\_\_\_\_ Fax # \_\_\_\_\_

2. Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
 Credit Terms \_\_\_\_\_ Credit Limit \_\_\_\_\_ Fax # \_\_\_\_\_

3. Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
 Credit Terms \_\_\_\_\_ Credit Limit \_\_\_\_\_ Fax # \_\_\_\_\_

**Invoice Delivery Preferences (Required)**

Preferred method of invoice delivery     Postal Mail     E-Mail     Fax    (you may choose more than one)

Invoice delivery Mailing Address(es) \_\_\_\_\_  
 Invoice delivery E-mail Address(es) \_\_\_\_\_  
 Invoice delivery Fax Number(s) \_\_\_\_\_

Preferred method of statement delivery     Postal Mail     E-Mail     Fax     Same as Invoices

Statement delivery Mailing Address(es) \_\_\_\_\_  
 Statement delivery E-mail Address(es) \_\_\_\_\_  
 Statement delivery Fax Number(s) \_\_\_\_\_

Moonblink Incorporated. (Moonblink Communications) is authorized to contact any references given for the purpose of granting credit. Moonblink Communications will hold information obtained in strict confidence.

Upon approval of open credit, we agree to the following:

1. Pay Moonblink Incorporated. (Moonblink Communications) for all invoices within the terms previously agreed upon and specified on Moonblink Communications invoices. (Net 30 Terms unless otherwise arranged).
2. Pay Moonblink Communications Finance Charges that are applied to past due invoices at a rate of 1-1/2% per month
3. Should it become necessary to collect past due invoices on our account through an attorney, by legal proceedings or otherwise, the undersigned, including endorsers, promise to pay all costs of collection, including reasonable attorney fees.
4. Any dispute arising under this agreement will be governed and construed according to the laws of the State of California.

We further understand that if our account is in arrears, shipments may be shipped on a COD or pre-paid basis. Also, Moonblink Incorporated reserves the right to hold shipments until all past due bills have been paid.

Authorized Individual (Print Name)                      Signature                      Title                      Date

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