



N.E.M. ELECTRONICS INC.

For Office Use Only Cust. No. :

N.E.M. is in the process of updating our customer database. Part of this requires current company, bank and trade information that we currently have on your company.

To insure that you company is offered the best account/payment term on your current and future orders, please fill out the attached Company Check Acceptance Form, otherwise we will not be responsible for any changes made to your account/payment term.

Please fax back this information to 718-366-5818

Thank you!

TOTAL # OF PAGES: 3

If you do not receive a total of three (3) pages, please call 718-456-8900.

COMPANY CHECK ACCEPTANCE FORM

Company Name	Contact Name	Bus Phone#
Address		Cellular Phone#
City & State	Zip	Fax#
Billing Address		Home Phone#
City & State	Zip	No. of Employees
Resale Permit#	Fed ID #	Starting date of Business
Corporation	Partnership	Annual Sales Volume
Company Own Real Property	Under the name of	
Address		Name of A/P person
City & State	Zip	Name of Controller
E-mail Address		D & B #

COMPANY DIRECTORS/OFFICERS/PRINCIPAL

Name 1	Date of Birth	Title
Home Address		SS#
City & State	Zip	Home Phone #
Name 2	Date of Birth	Title
Home Address		SS#
City & State	Zip	Home Phone#

of years in Business: _____

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BANKING DETAILS

Bank Name		Checking Account #
Address		Name of Contact Person
City & State	Zip	Phone #

TRADE REFERENCES

Vendor 1	Date opened	Account Number
Payment Address		Bus Phone #
City & State	Zip	Fax#
Vendor 2	Date opened	Account Number
Payment Address		Bus Phone #
City & State	Zip	Fax#
Vendor 3	Date opened	Account Number
Payment Address		Bus Phone #

CONDITIONS

Terms of sale, including terms of payment and charges, for each purchase are agreed to be those specified on the face of each invoice. The customer hereby agrees to pay all costs of collection or legal fees should such action be necessary due to non-payment.

The above information is willingly supplied and the creditor is authorized to contact the above name and trade references in order to establish the creditworthiness of the above named company. If the applicant is not a corporation, the creditor is authorized to obtain credit reports on the proprietors, partners or principals. Should a credit availability be granted by the creditor, all decisions with respect to the extension or continuation shall be in the sole discretion of the creditor. The creditor may terminate any credit availability within its sole discretion.

I have read and understood the above conditions, and hereby agree to them:

Printed Name of Applicant: _____

Signature: _____ Date: _____

Applicant's Title: _____ Printed Name of Salesman: _____

PERSONAL GUARANTEE (REQUIERED FOR PROCESS)

The undersigned, for consideration do hereby individually and personally guarantee the full prompt payment of all indebtedness heretofore or hereafter incurred by the above business. This guarantee shall not be affected by the amount of credit extended or any change in the form of said indebtedness. Notice of the acceptance of this guarantee. Extension of credit, modification in terms of payment, and any right or demand to proceed against the principal debtor is hereby waived. This guarantee may not only be revoked by written notice which shall be sent to the creditor's credit office by certified mail. Ay revocation does not revoke the obligation on the guarantors to provide payment for indebtedness incurred prior to the revocation.

Signature: _____ Date: _____

Printed Name: _____ S.S. #: _____

Home Address: _____ City & State _____ Zip: _____



CREDIT CARD AUTHORIZATION IN THE EVENT OF NON-SUFFICIENT FUNDS

'For customers wanting to pay by check we require you (the purchaser) to complete the details below in order to provide a secondary form of payment. If your check does not clear due to insufficient funds we must have an alternative form of payment. You must include a copy of your credit card and photo identification. NEM Electronics Corp will not process any payments without your authorization.'

Having completed this form I hereby authorize NEM Electronics to charge my credit card for products and shipping charges associated with my order in the event there are **Non-Sufficient Funds** in my company account to cover my check total.

- A. Name as printed on card _____
- B. Corporate Name on card _____
- C. Bank name on card _____
- D. Card Type: Visa Master Card American Express Discover
- E. Debit: or Credit please check one.
- F. Credit Card # _____ / _____ / _____ / _____
- G. Expiration Date: ____ / ____ / ____
- H. CVV2 Code: ____ ____ ____ (3 or 4 digit verification number)
- I. Credit card billing address: Must match

Street: _____

City: _____ State: _____ Zip: _____

Card holder's signature: _____

Today's date: ____ / ____ / ____

Please fax or email this completed form along with a copy of your credit card and photo identification to **718-366-5818**. All transactions are subject to approval.