



DLT Solutions, LLC
 2411 Dulles Corner Park
 Suite 800
 Herndon, VA 20171

Telephone: 703/709-7172

Date: _____
** Anticipated Order Size: _____
** Amount Credit Requested: _____
** Must Complete

CREDIT APPLICATION

Please Print or Type All Information Clearly. If attaching a standard reference sheet for your organization, you must still fill out Company information below and sign this form. Completed credit applications should be sent to the DLT Sales Rep that provided your quote.

COMPANY INFORMATION

Company Legal Name:	Federal Tax ID #:
dba (if any):	D&B #:
Street Address:	Annual Sales:
City, State, Zip:	Number of Employees:
Telephone #: _____ Fax #: _____	Year Established: _____

Form of Ownership: Corporation Partnership Sole Proprietorship Limited Liability Company (LLC)

If corporation or LLC, State of incorporation/formation: _____

Customer agrees to notify DLT Solutions of any change in the description of its business as set forth above.

Accounts Payable Information

A/P Contact Name: _____ Telephone: _____ E-mail: _____

Preferred way to receive invs: _____ Delivery method (if electronic) _____

Tax Information

My company is taxable: Yes * No ** *If yes, invoices with tax will be paid

** If no, reason: _____ ***** Attach all tax certificates to this application *****

Taxability of orders is determined by all of the following: ship-to state and laws there-in, product type, delivery method, and tax certificates provided for the ship-to state. Taxability is not determined by end user customer type or the state in which company is registered.

BANK REFERENCES

Bank Name	Telephone
Address	Account Officer
City/State/Zip	Loan #
Account #	Other Acct #

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ACTIVE TRADE REFERENCES

Please list at least three (3) trade references in the computer industry with business transactions in the last 12 months. These should not be in the following categories: utility, landlord, or other monthly, recurring expenses.

FIRM NAME	ACCT #	YEAR ACCT ESTABLISHED
ADDRESS	PHONE	CREDIT LIMIT
CITY/STATE/ZIP	FAX	CONTACT

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TERMS AND CONDITIONS

In the event that any terms of this application contradict, conflict or are otherwise incapable of being construed in conjunction with any other agreement, the provisions here shall govern and take precedence over those contained anywhere else.

In consideration for credit being extended I/We acknowledge and agree to the following:

- 1) Payment terms are specified on each invoice.
- 2) I/We acknowledge and agree that if an invoice is not paid within terms, the account is considered delinquent and may be subject to a charge equal to the maximum legal interest rate that can be charged each month.
- 3) In event of default and referral to an attorney or collection agency, I/We agree to pay all costs of the collection including reasonable attorney fees, court costs, and arbitration expenses. A service charge of \$25.00 will be applied to each returned check.
- 4) All claims, requests for adjustment, or notification of errors must be made within 30 days of receipt of product or charges are considered accepted.
- 5) Credit privileges may be revoked at any time without invalidating the terms of this agreement
- 6) We agree that DLT Solutions, LLC shall retain a purchase money security interest in all merchandise ordered by us until payment in full has been received by DLT Solutions
- 7) I/We understand that the above information is given for the purpose of obtaining credit and certify that to the best of my knowledge, the above information is complete and accurate as of the date of this application.
- 8) These credit terms apply to DLT Solutions, LLC and to any successor organization or organization related by common ownership.
- 9) The OWNER, a PARTNER, a MEMBER, an OFFICER or an AUTHORIZED BUYER, depending on whether the business is a proprietorship, partnership or corporation, respectively, must sign application.
- 10) I/We do authorize the release by the Bank(s) and Trade References listed above of all pertinent financial Information to DLT Solutions

Authorized signature: _____ Title: _____
(see point 9 above – authorized agent only)

Name (Printed): _____ Date: _____