

Dealer Credit Application

Please complete and return to:

Accounts Receivable
ASK TECHNOLOGIES, INC.
7 Bala Avenue, Suite 201
Bala Cynwyd, PA 19004

Credit Application Requirements:

1. If your request is for credit terms, current financial statements (BALANCE SHEET and INCOME STATEMENT) must accompany this application. If they are un-audited statements, officers, owners must sign the statements.
2. Regardless of terms, your tax resale certificate, if applicable, must be completed as a part of this application for every state receiving shipments.
3. Failure to fully complete all sections of this application will delay credit approval.

COMPANY INFORMATION

Company Name: _____	Telephone: _____	Fax: _____
Billing Address: _____	Shipping Address: _____	
City: _____	City: _____	
State: _____	State: _____	
Zip: _____	Zip: _____	
Officers: Name/Title (1) _____		
Officers: Name/Title (2) _____		
Accounts Payable Contact: _____		

ORGANIZATIONAL FORM

Sole Proprietor _____	Corporation _____	State _____	Partnership _____
Type Of Terms Requested: COD _____	Net 30 _____		
Desired Credit Amount: \$ _____			
Date Business Established: _____	Number Of Employees: _____		
Length Of Time In Business Under Current Name: _____			
<i>*If requesting terms, recent financial statements should be provided.</i>			
Annual Sales Volume: _____ \$0-\$1,000,000	_____ \$1,000,00 - \$5,000,000		
_____ \$5,000,000 - \$10,000,000	_____ \$10,000,000 – \$50,000,000		
_____ \$50,000,000+			

PARTNERS OR SOLE PROPRIETORS

Name: _____	Social Security Number: _____
Address: _____	
Telephone: _____	
Name: _____	Social Security Number: _____
Address: _____	
Telephone: _____	

Dealer Credit Application

BANK INFORMATION

1st Bank: Name: _____
Address: _____

Bank Officer Name: _____
Phone Number: _____ Fax Number: _____
Checking Acct. # _____ Savings Acct. # _____
Loan Acct. # _____

2nd Bank: Name: _____
Address: _____

Bank Officer Name: _____
Phone Number: _____ Fax Number: _____
Checking Acct. # _____ Savings Acct. # _____
Loan Acct. # _____

TRADE REFERENCES (Industry Related-Open Accounts Only)

Name: _____ Account Number: _____
Address: _____ Contact Name: _____
_____ Fax Number: _____
Telephone: _____

Name: _____ Account Number: _____
Address: _____ Contact Name: _____
_____ Fax Number: _____
Telephone: _____

Name: _____ Account Number: _____
Address: _____ Contact Name: _____
_____ Fax Number: _____
Telephone: _____

Dealer Credit Application

PERSONAL GUARANTY

To induce **ASK TECHNOLOGIES, INC.** ("**ASK**") to extend credit to _____ ("**Customer**"), the undersigned _____ (Print Name) hereby absolutely and unconditionally guarantees to **ASK** the prompt and full payment when due according to the terms of this Purchase Agreement of any and all indebtedness and liability of every kind, nature and character, together with all interest thereon and all attorneys fees, costs, and expenses incurred by **ASK** in connection of such indebtedness and liability. Guarantor understands that this is a continuing guarantee which can only be terminated by giving written notice to **ASK** by certified mail. Guarantor further understands that this Guarantee will only on the date this notice is received by **ASK**, and that this notice will not affect obligations for unpaid sums which came due before that time.

Name (print) _____ Signature: _____

Home Address _____

Date: _____

Until Buyer shall have satisfied in full all of its obligations to **ASK TECHNOLOGIES, INC.**, **ASK TECHNOLOGIES, INC.** retains and the Buyer hereby grants to **ASK TECHNOLOGIES, INC.** a purchase money security interest in all **ASK TECHNOLOGIES, INC.** products heretofore or hereafter sold by **ASK TECHNOLOGIES, INC.** to buyer and all proceeds thereof. Buyer shall execute and file such financial statements as **ASK TECHNOLOGIES, INC.** shall reasonably request.

In order to induce **ASK TECHNOLOGIES, INC.** to enter into the Agreement and to continue to sell **ASK TECHNOLOGIES, INC.** products to the Buyer, the Buyer hereby represents and warrants that it is solvent, that it pays its obligations as they come due and that its liabilities do not exceed its assets. The foregoing representation and warranty shall be deemed to be repeated in each Purchase Order issued by the Buyer (whether written or oral) and incorporated therein by reference, and shall be effectively remade, each time a Purchase Order obligation is undertaken, until the Buyer shall notify **ASK TECHNOLOGIES, INC.** to the contrary. The confidential information contained herein is for the purpose of obtaining merchandise from **ASK TECHNOLOGIES, INC.** The information disclosed herein is true and can be relied upon. It is understood in signing this document that the Buyer releases permission for credit information to be submitted by phone or letter by companies the Buyer has specified. The signature below acts as releasing authority to the companies approached for credit information.

The undersigned understands that **ASK TECHNOLOGIES, INC.** will keep this application whether or not this application is approved and that **ASK TECHNOLOGIES, INC.** will consider this application as a continuing statement of the undersigned's financial condition.

Finance Charges of 1.5% will be assessed on all balances over 30 days.

SIGNATURE OF OWNER OR AUTHORIZED OFFICER REQUIRED.

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____

Sales Tax Status: _____ Tax Exempt TaxID # _____
State _____

****Please Attach Exempt Certificate If Applicable****

TAXES WILL BE ASSESSED UNTIL RECEIPT OF VALID CERTIFICATE.

Dealer Credit Application

To: _____

Date: _____

Account # _____

Dear Bank Officer:

I authorize you to release credit information about my account standing, credit line, and payment history to **ASK TECHNOLOGIES, INC.** to be used explicitly for the establishment of an open account and credit line. This information is to be kept within the strictest of confidence.

Signed: _____

Print Name: _____

Title: _____

Company: _____

Gentlemen:

The above customer has given your bank as a reference. Please supply us with the following information, and return this form to us ASAP.

Date account opened: _____

Average balance maintained: _____

Line of credit at their disposal: _____

Secured or unsecured: _____

High credit: _____

Amount now owing: _____

Payment habits _____

NSF checks: _____

Comments: _____

We assure you that this information will be kept strictly confidential. Thank you.

Sincerely,
ASK TECHNOLOGIES, INC.

Credit Department