



880 Great Southwest Parkway  
 Attn: Credit Dept  
 Atlanta GA 30336  
 800-221-2925  
 FAX 404-346-4675

For completing electronically, set MS  
 Word to View/Print Layout

## CREDIT APPLICATION & PURCHASE AGREEMENT

BUSINESS NAME		TELEPHONE NUMBER		
STREET ADDRESS		FAX NUMBER		
CITY, STATE, ZIP		IN BUSINESS SINCE	# EMPLOYEES	# SALES REPS
MAILING ADDRESS IF DIFFERENT FROM ABOVE				
TYPE OF ORGANIZATION <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBSIDIARY OF				
PRIMARY BUSINESS		ESTIMATED ANNUAL PURCHASES FROM MIAMI SYSTEMS		MONTHLY CREDIT LINE REQUESTED
FOUR PRINCIPAL OWNERS/OFFICERS (NAME, TITLE, ADDRESS, TELEPHONE)				
ACCOUNTS PAYABLE TELEPHONE NUMBER		ACCOUNT PAYABLE EMIAL ADRESS		

### CREDIT APPLICATION TERMS & CONDITIONS

1. Our Corporate Credit Policy prohibits us from shipping on "Open Account" for new customers until our credit investigation has been completed and a line of credit has been established for the account. We assure you that we will conduct our credit investigation as expeditiously as possible. However, until a line of credit is established, we require "Cash In Advance" for all orders.
2. The undersigned hereby agrees that all amounts due for goods and services purchased from seller are payable to seller within 30 days from date of invoice.
3. The undersigned hereby agrees to pay service charges on accounts over 30 days old. These service charges will accrue at the rate of 1½% per month (18% per annum).
4. The undersigned hereby agrees to pay, in the event his/her account becomes delinquent and is turned over to any attorney for collection, reasonable attorney's fees plus all court and attendant collection costs.
5. The undersigned authorizes Miami Systems to conduct a credit investigation on the above information.
6. The undersigned must be an authorized signature for the above applicant.

BANKING REFERENCE (NAME, ADDRESS, TELEPHONE, ACCOUNT NUMBER)	
CHECKING:	
BANKING REFERENCE (NAME, ADDRESS, TELEPHONE, ACCOUNT NUMBER)	
SAVINGS:	
ARE PRODUCTS PURCHASED FOR RESALE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, PLEASE ATTACH RESALE CERTIFICATE    CERTIFICATE NUMBER:	
IS FIRST ORDER ATTACHED?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
PRINT NAME	DATE

AUTHORIZED SIGNATURE (SEE OPTIONS AT RIGHT)

- AUTHORIZED SIGNATURE OPTIONS
1. PRINT/SIGN/FAX
  2. PRINT/SIGN/SCAN/EMAIL
  3. INSERT DIGITAL SIGNATURE/EMAIL