



10956 Ammons St.  
 Westminster, CO 80021  
 Phone: 303-410-6639 \* Fax: 303-558-4238  
 Toll Free: 877-805-6639  
 email: sales@avocationsystems.com

|                  |                   |
|------------------|-------------------|
| Company          | Phone             |
| DBA Name         | Fax               |
| Billing Address: | Shipping Address: |
| City/State/Zip   | City/State/Zip    |

### Company Information

|  |        |   |                     |
|--|--------|---|---------------------|
| Please check all that apply:<br><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor |        |   |                     |
| Name of Principle:   | Title: | Date Established:                       | Number of Employees |
| Name of Principle:   | Title: | Branch or Division of:                  |                     |
| Name of Principle:   | Title: | Annual Gross Sales:                     | \$ _____            |
| Controller:  |        | Credit Line Desired:                    | \$ _____            |
| A/P Manager:   | Phone: | Retail Sales Licence No.:               |                     |
| Electronics Purchasing Manager:  | Title: |   |                     |
| Other Authorized Buyer:  | Title: | Trade Organizations you are members of: |                     |

### Bank Reference

|                |           |             |  |
|----------------|-----------|-------------|--|
| Name of Bank:  | Acct. No: | Date Opened | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings                |
| Address:       | Phone:    | Acct. No:   | Date Opened<br><input type="checkbox"/> Checking<br><input type="checkbox"/> Savings |
| City/State/Zip | Contact   |             |  |

FOR THE EXTENSION OF CREDIT and/or in consideration of Applicant(s) above entering into this agreement with Avocation Systems, Inc. for the purchases of merchandise, and/or other transactions, the undersigned Guarantor(s) jointly and severally, absolutely and unconditionally, personally and continually guarantee the prompt payment for all indebtedness incurred by or on behalf of the Applicant(s), its heirs, successors, or assigns. Guarantor(s) agrees that Avocation Systems may, at any time, without notice, proceed separately against the Applicant(s) and against the Guarantor(s), change the obligations of the Applicant(s), which include payment of all costs incurred in the enforcement of this agreement, attorney's fees, whether suit is brought or not, and monthly past due charges of 1 1/2% of outstanding balance. The undersigned specifically waive the provision of any law which would require that Avocation Systems first proceed against the above-named Applicant(s), or notice of nonperformance, or acceptance of the Guarantee agreement. The bankruptcy of the Applicant(s) shall not discharge the undersigned from the liabilities above detailed.

### TO BE SIGNED ONLY BY THOSE IN A POSITION TO GUARANTEE THE PERFORMANCE OF THE APPLICANT COMPANY

|                          |                        |
|--------------------------|------------------------|
| Signature                | Print/Type Name        |
| Residence Street Address | Phone                  |
| City/State/Zip           | Social Security Number |

|                          |                        |
|--------------------------|------------------------|
| Signature                | Print/Type Name        |
| Residence Street Address | Phone                  |
| City/State/Zip           | Social Security Number |

## Trade References

**Please include fax numbers for all references to ensure prompt processing.**

|                |        |
|----------------|--------|
| Name:          | Acct # |
| Address:       |        |
| City/State/Zip |        |
| Phone          | Fax    |

|                |        |
|----------------|--------|
| Name:          | Acct # |
| Address:       |        |
| City/State/Zip |        |
| Phone          | Fax    |

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| Name:          | Acct # |
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| City/State/Zip |        |
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| Address:       |        |
| City/State/Zip |        |
| Phone          | Fax    |

|                |        |
|----------------|--------|
| Name:          | Acct # |
| Address:       |        |
| City/State/Zip |        |
| Phone          | Fax    |