



Credit Application

3 PAGES

Please note:

Application along with Resale Certificate must be completed in its entirety and signed before we process any order for credit or COD company check.

Salesman: _____ Date: ____/____/____

For the purpose of obtaining merchandise from Klein Electronics, Inc. ("KEI"), the following statements in writing are made by the applicant (the "Applicant") and KEI should rely on all such statements as correct. This agreement is between the Applicant, whose signature appears at the conclusion of this application (the "Application") and KEI. Applicant acknowledges that it has read and understands the terms and conditions hereof and agrees to be bound by them, that this Application with attachments is the complete and exclusive statement of the agreement between the parties relating to the subject matter hereof and that this document supersedes all proposals, oral or written. Applicant further agrees to notify KEI within five (5) days of any change of ownership, address, telephone number, authorized purchasing agent, banks, transfer of listed assets, or other facts set forth below.

COMPANY INFORMATION (please print)

1) Legal Name of Firm		2) ALIAS(S):	
3) Name of Parent Company if Subsidiary			
4) Years Established	5) Federal I.D. (if U.S. Company)	6) Resale/Seller's Permit Number (if U.S. Company) (attach copy)	
7) Primary Telephone Number (include country and area code)		8) Secondary Telephone Number (include country and area code)	
9) Facsimile (include country and area code)		10) E-mail Address	
11) Authorized Purchaser's Name		12) Signature of Authorized Purchaser	
13) Billing Address			
14) City	15) State	16) Zip	17) Country
18) Shipping Address (if same as billing please write "same as above")			
19) City	20) State	21) Zip	22) Country

CERTIFICATE OF RESALE

Please fax a copy of your Re-Seller Permit 760.781.3225



"The Leader in Audio Accessories"

C.O.D. Company Check / Credit Application

OWNER/PROPRIETOR INFORMATION (please print)

1) Name				2) Name			
% of Ownership		Title		% of Ownership		Title	
Social Security #				Social Security #			
Home Address				Home Address			
City		State	Zip	Country		Country	
Home and/or Cellular Phone (include country and area code)				Home and/or Cellular Phone (include country and area code)			

CREDIT REQUIREMENTS (please print)

1) Credit Line Requested \$	2) Annual Sales Volume \$
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TRADE REFERENCES (please print)

1) Company Name		Account #		2) Company Name		Account #	
Address				Address			
City		State	Zip	Country		Country	
Telephone (include country and area code)				Telephone (include country and area code)			
Contact Person		Title		Contact Person		Title	
Credit Limit		Billing Terms		Credit Limit		Billing Terms	
3) Company Name		Account #		4) Company Name		Account #	
Address				Address			
City		State	Zip	Country		Country	
Telephone (include country and area code)				Telephone (include country and area code)			
Contact Person		Title		Contact Person		Title	
Credit Limit		Billing Terms		Credit Limit		Billing Terms	

CUSTOMER AUTHORIZATION

I hereby authorize the above listed references to release any information relating to the above listed accounts.

Customer Signature

Date

/ /

Please return via fax to: 760.781.3225

www.HeadsetUSA.com



Bank References

Bank Name: _____ **Date:** _____ / _____ / _____

Name of Officer: _____

Phone: _____

Fax: _____

Dear Bank Officer:

Our company, _____, has a current account with your Bank, and is in the midst of having a credit application evaluated by Klein Electronics, Inc. (KEI). As the undersigned, I hereby authorize you to furnish them any banking or credit information regarding our account(s) with your bank so that they may adequately evaluate our company and its financial position. Your prompt response to this matter would be greatly appreciated.

Sincerely,

Authorized Signature

Bank Account #

Bank Verification (to be completed by bank)

Date opened: _____ / _____ / _____

Current balance: \$ _____

Avg. daily balance: \$ _____ (Last 12 Months)

NSF checks(s): None _____ Yes _____ How many? _____ Last NSF date _____ / _____ / _____

Verified by: _____ Title: _____

Signature: _____ Date: _____

Credit Card (must be on file for credit to be approved)

**KEI will process ONLY overdue or NSF payments on your Credit Card.
Your signature authorizes this action**

Card Type: _____ Number: _____

Exp. Date _____ Signature: _____

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