

ACME Micro Systems, Inc.

44153 S. Grimmer Blvd., Fremont, CA 94538 Phone: (510) 226-6778 Fax: (510) 226-9568

Credit Application

Purchaser/Applicant: _____
Physical Address: _____
Send Invoice To: _____
Phone #: _____ Fax #: _____
A/P _____ Phone #: _____
Credit Line Requested: _____ Corporation: yes no
Tax ID #: _____ Type of Business: _____
DUNS No. #: _____ Stock Symbol for public company: _____
Date Established: _____ Reseller #: _____
Annual Sales: _____ Sole Proprietor Name: _____
Home Phone #: _____ Home Address: _____

Banking References

Name: _____ Phone #: _____ FAX: _____
Address: _____
Ckg. Deposit Acct.#: _____ Sav. Deposit Acct.#: _____
Deposit Contact: _____
Loan Information: _____ Type of Loan: _____
Amount: _____ Loan #: _____
Loan Contact: _____

Trade References

Name: _____ Phone #: _____ FAX: _____
Address: _____
Acct. #: _____ Contact: _____
Name: _____ Phone #: _____ FAX: _____
Address: _____
Acct. #: _____ Contact: _____
Name: _____ Phone #: _____ FAX: _____
Address: _____
Acct. #: _____ Contact: _____

*Applicant authorizes ACME MICRO SYSTEMS to contact any of the references given, including its bank(s), to verify its credit standing.

*Applicant agrees to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees.

*Applicant agrees to the "general" and "distributor" sales terms of the company in effect at the time of the sale.

*Financial statement is required if net term applied.

*The undersigned as an inducement to grant credit warrants that the information submitted is true and correct.

Authorized Signature and Title: _____ **Date:** _____