



E-PRO ITX Systems, Inc
 46745 Fremont Blvd.
 Fremont, CA 94538
 Tel: (510) 770-9419
 Fax: (510) 770-9644

Credit Application Form Date:

Business Information

Name Of Business _____
 Legal (If Different) _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ Fax _____

Description of Business

NO. Of Employees _____ Credit Requested _____
 In Business Since _____
 Business Structure
 _____ Corporation _____ Partnership _____ Proprietorship
 _____ Division/Subsidiary Name of Parent Company _____

Company Principles Response For Business Transaction

Name _____ Title _____ Phone _____
 Name _____ Title _____ Phone _____
 Name _____ Title _____ Phone _____

Bank Reference

Bank _____ Name to Contact _____
 Address _____
 Checking Account# _____ Telephone Number _____

Trade Reference

First Name _____ Contact Name _____ Phone _____
 Address _____
 First Name _____ Contact Name _____ Phone _____
 Address _____
 First Name _____ Contact Name _____ Phone _____
 Address _____

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY
 I HEREBY CERTIFY THAT THE INFORMATION IN THIS CREDIT APPLICATION IS CORRECT. THE INFORMATION INCLUDED IN THIS CREDIT APPLICATION IS FOR USE BY E-PRO ITX SYSTEMS, LLC IN DETERMINING THE AMOUNT AND CONDITIONS OF CREDIT TO BE EXTENDED. I UNDERSTAND THAT E-PRO ITX SYSTEMS, LLC MAY ALSO UTILIZE THE OTHER SOURCES OF CREDIT WHICH IT CONSIDERS NECESSARY IN MAKING THIS DETERMINATION. FUTURE I HEREBY AUTHORIZE THE BANK AND TRADE REFERENCES LISTED IN THIS CREDIT APPLICATION TO RELEASE THE INFORMATION NECESSARY TO ASSIST E-PRO ITX SYSTEMS, LLC IN ESTABLISHING A LINE OF CREDIT.

 Signature Title Date

POLICY STATEMENT: INITIAL ORDER FROM NEW ACCOUNTS WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY THE ABOVE REQUESTED INFORMATION.
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