SMART STORAGE CREDIT APPLICATION

BUSINESS (LEGAL) NAME:	
BUSINESS TRADE STYLE (DBA):	OFFICE TELEPHONE NO.
BUSINESS MAILING ADDRESS:	
CITY, COUNTY, STATE AND ZIP CODE:	SOCIAL SECURITY OR FED. I.D.
DELIVERY ADDRESS, CITY, STATE AND ZIP (IF MULTIPLE LOCATIONS, PLEASE ATTACH LIST):	
TYPE OF BUSINESS:	
PROPRIETORSHIP PARTNERSHIP LTD PARTNERSHIP CORPORATION	SUBSIDIARY DIVISION
DATE INCORPORATED STATE INCORPORATED PAID IN CAPITAL	FISCAL YEAR ENDS
IF SUBSIDIARY, NAME OF PARENT COMPANY:	
IF SUBSIDIARY, NAME OF PARENT COMPANY:	
ADDRESS:	
CITY, STATE AND ZIP CODE:	
OFFICERS, PARTNERS OR OWNERS:	
TITLE NAME RESIDENCE ADDRESS, CITY, STATE, ZIP CODE	HOME TELEPHONE
	()
	()
	()
FINANCIAL CONTACT/TITLE, TELEPHONE NUMBER:	
ARE FINANCIAL STATEMENTS AVAILABLE? YES, ATTACHED NO THEY ARE: AUDITED	UNAUDITED
WILL YOU SUPPLY FINANCIAL STATEMENTS? NO YES PLEASE PUT US ON THE MAILING LIST TO RECEIVE YOUR MOST CURENT STATEMENTS	
AMOUNT OF FIRST ORDER ESTIMATED MONTHLY PURCHASES PURCHASE ORDERS REQUIRED? \$ YES NO	MONTHLY STATEMENT REQUIRED YES NO
	ACCEPT FIRST ORDER C.O.D.? YES NO
CREDIT REFERENCES:	
BANK NAME:	
ADDRESS:	
CITY, STATE AND ZIP CODE:	
CONTACT: TELEPHONE NUMBER	ACCOUNT NUMBER
BANK NAME:	
ADDRESS:	
CITY, STATE AND ZIP CODE:	
CONTACT: TELEPHONE NUMBER ()	ACCOUNT NUMBER
NOTE: THIS APPLICATION MUST BE SUBMITTED WITH A PHOTOCOPY OF YOUR RESELLER'S CERTIFICATE FOR TAX PURPOSES.	
MAIL OR FAX TO:	≣
SMART STORAGE INC.	STORAGE
	STORAGE
ANDOVER, MA 01810 (508) 623-3310	■

