

Salesman No. _____
Customer No. _____
Date _____

## International Account Application - Page 1 of 2

### FIRM AND ADDRESS

#### Billing Address

Firm \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

#### Shipping Address

Firm \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

**OWNERSHIP** (Date Est. \_\_\_\_\_)  Sole Proprietorship  Partnership  Corporation Country \_\_\_\_\_

Company is:  Division  Subsidiary of \_\_\_\_\_

### NAMES OF PRINCIPAL OFFICERS, PARTNERS, OR PROPRIETORS

Name _____	Title _____	E-mail _____	Home Phone _____
Name _____	Title _____	E-mail _____	Home Phone _____
Name _____	Title _____	E-mail _____	Home Phone _____

### TRADE REFERENCES Please list only firms with whom you purchase on open account. (References within U.S.A. only)

Firm Name _____	Contact Name _____	Country _____
Phone _____	Phone Ext. _____	Fax _____ E-mail _____
Firm Name _____	Contact Name _____	Country _____
Phone _____	Phone Ext. _____	Fax _____ E-mail _____
Firm Name _____	Contact Name _____	Country _____
Phone _____	Phone Ext. _____	Fax _____ E-mail _____
Firm Name _____	Contact Name _____	Country _____
Phone _____	Phone Ext. _____	Fax _____ E-mail _____

Is firm rated with Dun and Bradstreet? \_\_\_\_\_ If so, what rating? \_\_\_\_\_ D&B Number: \_\_\_\_\_

### BANK REFERENCE

Bank \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Account Number \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

### PAYMENT PREFERENCE

Please check basis on which you usually pay merchandise bills  Wire Transfer  Credit Card  Cash in Advance  Credit Terms  Letter of Credit

Credit Limit Desired: \$ \_\_\_\_\_ Number of days from date of invoice \_\_\_\_\_

If you desire a credit limit beyond \$2,500 (US\$), please attach a copy of your current balance sheet and income statement.

**COMPANY CONTACTS**

Product Manager Name	Phone & Ext.
E-mail	Fax
Buyer Name	Phone & Ext.
E-mail	Fax.
Accounts Payable Mgr. Name	Phone & Ext.
E-mail	Fax
Sales Mgr. Name	Phone & Ext.
E-mail	Fax

**PROFILE**

Choose one of the business categories listed below that best describes your company.

<input type="checkbox"/> Office Products	<input type="checkbox"/> Computer Products	<input type="checkbox"/> Consumer Electronics	<input type="checkbox"/> Industrial Electronics
<input type="checkbox"/> Network Products	<input type="checkbox"/> College Bookstore	<input type="checkbox"/> Security/Locksmith	<input type="checkbox"/> Other _____

Choose one of the business types listed below that best describes your company.

<input type="checkbox"/> Retailer	<input type="checkbox"/> Dealer	<input type="checkbox"/> Distributor	<input type="checkbox"/> Wholesaler
<input type="checkbox"/> Mail Order Catalog	<input type="checkbox"/> VAR	<input type="checkbox"/> Other _____	

Annual Sales (US\$) \_\_\_\_\_ How many sales people do you have?      Outside \_\_\_\_\_      Inside \_\_\_\_\_

Which ByteBrothers products do you plan to market?

<input type="checkbox"/> Cable Kits	<input type="checkbox"/> Heavy Duty Kits	<input type="checkbox"/> Drive Locks	<input type="checkbox"/> Access Control
<input type="checkbox"/> Specialty Security	<input type="checkbox"/> Network Testers	<input type="checkbox"/> Other _____	

Do you sell another brand of security product(s)?       No       Yes      If yes, what are those brand(s)? \_\_\_\_\_

Do you sell another brand of network tester product(s)?       No       Yes      If yes, what are those brand(s)? \_\_\_\_\_

**CUSTOMER POLICY**

- |  |  |
|--|--|
| <p>1. All international accounts must complete in full this confidential ByteBrothers, Inc. International Account Application.</p> <p>2. Accounts terms are as follows - C.O.D., Cash in Advance, Wire Transfer, American Express, Mastercard or Visa.</p> <p>3. Should you desire to pay for your products in some other method than outlined in item #2, Please contact Byte Brothers Customer Service via fax at +1 425.227.9702 or e-mail us at CS@ByteBrothers.com.</p> | <p>4. Please refer to the ByteBrothers Distribution Policies and General Information Guidelines for additional information regarding ByteBrothers' policies and procedures.</p> <p>5. ByteBrothers, Inc. has my consent to request credit information now and for future annual updating purposes.</p> <p>6. Personal Guarantee: I/we the officers of the Corporation/Partnership listed above, hereby personally guarantee to ByteBrothers of 1309 North 30th Street, Renton, Washington all debts incurred and/or owed by the corporation/partnership, to ByteBrothers, Inc.</p> |
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**To be considered under the ByteBrothers, Inc. Program, International Account Applications MUST be signed before submission. WE CERTIFY ALL THE INFORMATION ON THIS FORM IS CORRECT.**

Signed _____	Title _____
Owner or officer of firm	
For _____	Date _____
Full name of firm	