



Coaxial Components Corp.
 PO Box 2779 Stuart, Florida 34995 U.S.A.
 Phone: +1.772.287.5000 Fax: +1 561.287.5601

Company Name: _____ Website: _____ DUNS #: _____
 Address: _____ Phone: _____ Fax: _____
 City: _____ ST/PR: _____ Post Code: _____ Country: _____
 Type of Business: _____ Date of Incorporation/Organization: _____ In ST/PR: _____
 Credit Limit Requested: _____ Gross sales for last 12 months: _____ Number of employees: _____

Owner, Partner or Corporate Officer:

President/Owner: _____ Title: _____ Email: _____
 VP Finance/ CFO: _____ Title: _____ Email: _____

Bank References:

Name: _____ Branch: _____ Account Number: _____
 Address: _____ City: _____ ST/PR: _____ Post Code _____
 Officer to contact: _____ Phone: _____ Email: _____

Trade References from the U.S.A. Preferred. Please give Zip Codes and list account and fax numbers:

Company Name: _____ Phone: _____
 Address: _____ Fax: _____
 City: _____ ST/PR: _____ Post Code: _____ Account #: _____
 Contact Name: _____ Email: _____

Company Name: _____ Phone: _____
 Address: _____ Fax: _____
 City: _____ ST/PR: _____ Post Code: _____ Account #: _____
 Contact Name: _____ Email: _____

Company Name: _____ Phone: _____
 Address: _____ Fax: _____
 City: _____ ST/PR: _____ Post Code: _____ Account #: _____
 Contact Name: _____ Email: _____

In Consideration of Coaxicom granting credit, we agree to the following:

- 1) We will pay all invoices in accordance with Coaxicom's standard terms and conditions in effect. We specially agree to pay interest at the greater of 2.0% per month or the maximum rate allowed by law on all unpaid invoices after thirty (30) days from the invoice date.
- 2) We do accept Coaxicom's standard terms and conditions of sale, regardless of any terms and conditions shown on our purchase orders.
- 3) Should this account ever become delinquent and it is necessary to employ an attorney to collect or commence suit to enforce payment, we agree to pay a reasonable additional sum as attorney fees and to pay costs of such suit.
- 4) It is expressly agreed that all obligations of the parties created herein are to be performed in Stuart, Florida, U.S.A. and that the courts of Stuart, Florida have jurisdiction over any action to enforce collection of this account

Owner, Partner, or Corporate Officer's name: _____ Title: _____
 Signature: _____ Date: _____