



CREDIT APPLICATION FORM

1565 Reliance Way, Fremont, CA 94539

Tel: (510) 651-8886 Fax: (510) 651-4119

Salesperson: _____

NAME & ADDRESS:				
Legal Company Name(Please Type or Print):			DBA:	
Mailing Address:				
City:	State:	Zip Code:	D&B No. :	D&B Rating:
Phone: ()	Purchasing Contact: Phone No:		Purchasing Contact eMail Address:	
Fax: ()	Accounts Payable Contact: Phone No:		Accounts Payable Contact eMail Address:	
Company eMail Address:				

COMPANY PROFILE:				
No. Years In Business:	Annual Sales: \$	No. Employees:	No. Locations:	
ORGANIZATION <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship				
<input type="checkbox"/> Branch <input type="checkbox"/> Division <input type="checkbox"/> Subsidiary of:	Name		City, State	
Officers/Principals	Owner: Hm Add: Hm Ph No.	President: Hm Add: Hm Ph No.	CFO: Hm Add: Hm Ph No.	
<input type="checkbox"/> Taxable <input type="checkbox"/> Tax Exempt	Resale No.:	Tax ID Number:		
Customer Classification:				
<input type="checkbox"/> Reseller	<input type="checkbox"/> VAR	<input type="checkbox"/> System Builder	<input type="checkbox"/> Wholesale Distributor	
<input type="checkbox"/> Major Corporation	<input type="checkbox"/> Small Business	<input type="checkbox"/> Local Government	<input type="checkbox"/> State Government	
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Educational	<input type="checkbox"/> End User	<input type="checkbox"/> To be determined	

TRADE REFERENCES:				
COMPANY NAME	CITY	STATE	PHONE NO.	CONTACT

BANK REFERENCE:			
Name:	Phone: ()	Checking Acct#:	Loan#:
City:	Contact:	Savings Acct#:	Line of Credit#:
State:			

The undersigned certifies that all information in this credit application is complete, factual and correct, and understands the supplier will rely on the accuracy of this information for any credit that may be extended. Supplier is hereby expressly authorized to contact any parties listed herein and to verify any information contained in this credit application.

Est. Monthly Purchases \$ _____	Requested Credit Line \$ _____
For Net Term Request, please attach current financial statement	Term Requested _____

Authorized Signature _____ Title _____
Date _____

PERSONAL GUARANTEE

Obligor:

The Obligor named above desires to transact business and to make credit arrangements with AMAX Engineering Corporation, with principal office at 1565 Reliance Way, Fremont, CA 94539 (hereinafter called "AMAX"). AMAX is unwilling to extend credit to the Obligor unless it receives the guarantee of the undersigned (hereinafter called "Guarantor"). Guarantor acknowledges that it has received a benefit from the financing transaction between Obligor and AMAX. In consideration of AMAX entering into an arrangement with Obligor, the undersigned does absolutely and unconditionally guarantee to AMAX the full, faithful and prompt performance, payment and discharge of any and all obligations and agreements of Obligor under or with respect to any and all such transactions and any and all other agreements (whether by way of guaranty or otherwise) of Obligor with AMAX. This is a Guaranty of payment and not of collection.

Notice of acceptance of this Guaranty is hereby waived. Presentment, protest and demand, and notice of protest and demand of any and all transactions with AMAX are hereby waived. Any rights to extension, composition or otherwise under the Bankruptcy Code or any amendments thereof, or under any state or other federal statute are hereby waived. Extensions of the times of payment, and extensions of the times of performance of agreements of Obligor, or any other compromises, adjustments, or indulgences may be granted without notice to Guarantor.

Failure by AMAX to insist upon strict performance or observance of any terms extended shall not be construed as a waiver or relinquishment for the future of any terms, provisions or covenants, but, as to the Guarantor, the same shall continue to remain in full force and effect.

The liability of the Guarantor under this Guaranty shall be primary and in any right of action which shall accrue to AMAX under any agreement. AMAX may, at its option, proceed against the Guarantor, jointly or severally, together with Obligor and or other Guarantors, or may proceed against the Guarantor without having commenced any action against or having obtained any judgment against Obligor, other Guarantors or any other party liable with respect thereto; this Guaranty being a guaranty of payment and not of collection.

This Guaranty may be terminated by the Guarantor by serving ten (10) days written notice upon AMAX, at the address state above, but as to all obligations of Obligor, contingent or absolute, incurred up to the effective date of such notice, this Guaranty shall be continuing and unconditional until the same are fully paid. The Guaranty shall not be discharged or affected by the death of any of the Guarantor, but shall bind the heirs, executors, administrators and assigns of the Guarantor, and the benefits thereof shall extend to and include the successors and assigns of AMAX.

The undersigned Guarantor hereby waives all rights available under Section 2845 of the California Civil Code.

This Agreement will be governed and constructed in accordance with the laws of the State of California without regard to the conflicts of laws or principles thereof. Any suit brought hereon shall be brought in the state or federal courts sitting in the County of Alameda, California.

Signature _____ Title _____

Printed Name _____ Date _____

Social Security Number _____

Hm Address _____

Hm Ph# _____ City _____ State _____ Zip _____