MACROTRON SYSTEMS, INC.

Please complete and returned signed copy to Macrotron via fax at (510) 651-6922.

CONFIDENTIAL CREDIT APPLICATION

Company (Applicant)	**Business Type**	**Business Since**
Street Address	**Phone**	**Fax**
City	**State**	**Zip**
Shipping Address if Different Than Above Street		
City	**State**	**Zip**

Please Check One: **Corporation** **Partnership** **Individual**

State Reseller Permit No.: _____Federal Tax I.D. No.: _____ Website:_____

Name Parent Corp. with City & Zip Code: _____

_____

Full Name of Owner or Owners (or Authorized Officer of Corporation):_____

Buyer Name	**Phone**	**Fax**	**E-mail**
Credit Limit Requested		**Terms Requested**	
A/P Name	**Phone**	**Fax**	**E-mail**

Trade References

1. **Company Name _____Contact Name: _____**

   Address_____Account No._____

   Phone_____ Fax_____ E-mail_____

2. **Company Name _____Contact Name: _____**

   Address_____Account No._____

   Phone_____ Fax_____ E-mail_____

3. **Company Name _____Contact Name: _____**

   Address_____Account No._____

   Phone_____ Fax_____ E-mail_____

Bank	**Account Number**	**Checking Loan Savings Other_____**	
Bank Contact		**Phone**	**Fax**

The information given is warranted to be true and Applicant authorizes the release of all pertinent information necessary for processing the Applicant's request for credit, including bank records and other financial data. Applicant(s) agrees to pay all money due promptly in accordance with the payment terms indicated on Macrotron invoices. Should Applicant default on terms and legal action become necessary, Applicants agrees to pay all collection expenses including administrative costs and attorney's fees.

Authorized Signature_____ Title_____ Date_____

Revised: 12/14/01