

Signature

## Chiptech, Inc (dba) Vertical Cable: Account Application

\*\*\*FLORIDA\*\*\*

Date

Please complete this application and the bank inquiry form and email it or fax it back to Attn: Credit Dept. 954.454.2167

Company Name				URL		
Address						
City				State	_ ZIP Code	
Contact Name		Title		E-mail		
Telephone No	)	Fax	No			
State Resale Number		Fe	ederal Tax ID			
OPERATION P	PROFILE:					
Organization:	1	Sales Volume:		Others:		
Sole Proprieto	or	Last Year		Year Established		
Partnership		This Year		No. of Employee	s	
		Next Year		Type of Business		
TRADE REFE	RENCES					
Company						
State	ZIP Code	Phone		Fax		
Acct No	Terms	C	ontact			
Company						
Address			City			
State	ZIP Code	Phone		Fax		
Acct No	Terms	C	ontact			
Company						
		Phone				
Acct No	Terms	C	ontact			

granted, may be withdrawn at any time without prior notice.

Title

pay all costs of collection, including reasonable attorney fees. The undersigned acknowledges that any credit privileges, if

Name



## **BANK CREDIT INOUIRY**

DAINK CKLDII	INQOINT					
Please fill out t	his form so that we may submit this in	formation to the bank.				
Company Nam	e		Date			
Address						
Tel No		Fax No				
Bank Name		Conta	act			
Address		Acct N	No			
		Acct N	No			
Tel No		Fax No				
•	rize my bank the account number(s) listed above t					
Signature		Name		Date		
FOR BANK USE	ONLY					
Dear Bank Offi						
and returning	npany has listed your bank as a credit it by fax at your earliest convenience. on will be held strictly confidential. Tha	We appreciate your assi				
	Checking Account No					
	Date Account Opened					
	Average Balance					
	Current Balance					
	Frequency of Returned Checks (NS	F)				
	Rating					
	Comments					
Prepared by						