TFCable
TELEFONIKA CABLE AMERICAS

CREDIT APPLICATION

555 Remington Blvd, Suite A, Bolingbrook, IL, 60440 **Fax 630-406-6574**

The Applicant hereby makes this application for Credit to TELE-FONIKA CABLE AMERICAS CORP.("CREDITOR") and in making this application the Applicant agrees that all amounts payable on or before the due date, as shown on each invoice, will be paid, and if not paid on or before said date, are then delinquent. Should credit be granted by Creditor, all decisions with respect to the extension or continuation of credit shall be at the sole discretion of Creditor. Creditor may terminate any credit availability within its sole discretion. It is understood that creditor may impose and charge a finance charge or delinquency charge which is the lower of one and one half percent (1-½%) per month or the highest rate allowed by law on any amount which becomes past due and delinquent. Additionally, if legal proceedings are instituted for the collection of any amount unpaid on the undersigned's account ("evidence of indebtedness") with creditor, the debtor agrees to pay, in addition to the outstanding balance, reasonable attorney's fees in accordance with applicable law.

Exact Name of Business: _____

Street Address: _____ Billing Address: _____

City, State, Zip: _____

Telephone No.: _____ Fax No.: _____

Date Established: _____ Check Legal Status: ____Corporation ____Partnership ____Sole Prop.

State of Incorporation: _____

If a Subsidiary Name and Location of Parent: _____

If a Sole Proprietorship or Partnership – Owners Name and Social Security: _____

Address: _____

Account Payable

Name: _____ **email:** _____ **Direct phone:** _____ **Fax:** _____

Financial Statement: Attached ___ Available Through D & B____ Duns#_____ Tax Exemption No: _____
(Attach Certificate)

Anticipated Credit Line Requirements _____

Attached to this application is the most recent financial statement of the undersigned. The undersigned agrees to provide to Creditor updated financial information on request and to provide an annual financial statement to Creditor as a condition for the continued extension of this credit. The undersigned agrees to provide Creditor with an updated credit application each year as a condition for the continued extension of credit.

Credit References

Bank Name: _____ Contact: _____ Tel. No.: _____

Address: _____

Account Number: _____ Loans: Yes_____ No_____ Secured: Yes_____ No_____

Trade References (Minimum of 3)

Name: _____ Contact: _____ Tel No: _____ Fax No: _____

Address: _____

Name: _____ Contact: _____ Tel No: _____ Fax No: _____

Address: _____

Name: _____ Contact: _____ Tel No: _____ Fax No: _____

Address: _____

THE UNDERSIGNED KNOWINGLY AND INTENTIONALLY WAIVES THE RIGHT TO JURY TRIAL ON ANY ISSUE OR DISPUTE THAT MAY ARISE. TERMS AND CONDITIONS OF SALES: The undersigned agrees to pay for all purchases according to the terms of Creditor. No items will be accepted for return without prior approval, and all returns are subject to a restocking charge. Payments may be applied against open charges at the discretions of Creditors. On request, the Undersigned agrees to provide Creditor a statement of representation that the Undersigned is and remains solvent. The Undersigned acknowledges and agrees that creditor may utilize outside credit reporting services to obtain information on the Undersigned. The laws of the State of Illinois shall be applicable to all suits arising under any agreement between the undersigned and the creditor. The person signing this application certifies that he/she is authorized to sign on behalf of the undersigned and has the authority to legally bind the undersigned and that all of the information contained in this application, is true and correct to the best of their information, knowledge and belief. Applicant, in submitting this application for the purpose of obtaining credit, authorized Creditor Company to contact the references provided to obtain any information pertaining to the applicant's credit worthiness.

Signature: _____/_____/_____ *Title:* _____
Date *Duly Authorized*