



Acronova Technology Inc.
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 North Brunswick NJ 08902

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CONFIDENTIAL CREDIT APPLICATION

Company (Applicant)		Business Type	Business Since
Today's Date	Phone	Fax	
Street Address			
City		State	Zip
Shipping Address (If different from above)			
City		State	Zip

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

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

Name of Parent Corp. with City & Zip Code: _____

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

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

Trade Reference

1. Company Name _____ Contact Name _____
 Address _____ Term _____
 Phone _____ Fax _____ E-mail _____
2. Company Name _____ Contact Name _____
 Address _____ Term _____
 Phone _____ Fax _____ E-mail _____
3. Company Name _____ Contact Name _____
 Address _____ Term _____
 Phone _____ Fax _____ E-mail _____

Bank	Account Number	Checking	Loan	Savings
Bank Contact		Other	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 Acronova 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 _____

- Attachments required:**
1. A copy of the company's Reseller Permit
 2. Copy of a company's Voided Check