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NET 15 APPLICATION AND PAYMENT TERMS AGREEMENT

COMPANY INFORMATION (Complete legal name of entity. If co					rporation, use EXACT registered corporate name.)		
Billing Address			City		State	Zip	
elephone No. Contact Person				Title			
Fax No.	Email Address for Billing/Invoice Recipient (ExcalTed				n emails all invoices)		
Nature of Business		Business Type: LLC Corp Non-Profit Corp. Registered			_ Partnership	No. Years in Business	
Date of Incorporation					Federal Tax Identification No.		
PERSONAL INFOR	RMATION	OF OFF	CER	S, PARTNERS	OR GUARANTO	DRS	
Name Title		% Ow		vnership	Social Security No.	Home Phone	
Home Address		City			State	Zip	
Name	ame Title		% Ov	vnership	Social Security No.	Home Phone	
Home Address		City			State	Zip	
TRADE REFEREN	CES – TW	O YEAR	HIST	ORY			
Name of Supplier		City/State			Telephone No.	Contact Person	
Name of Supplier		City/State			Telephone No.	Contact Person	
Name of Supplier		City/State			Telephone No.	Contact Person	
COMPANY BANK	REFERE	NCE – TW	O Y	EAR HISTORY			
Name of Bank/Branch		City/State		Checking Acct #	Telephone No.	Contact Officer	
Name of Bank/Branch		City/State		Checking Acct #	Telephone No.	Contact Officer	
she or they are personally incurred pursuant to this at 5) Excalibur Technology Corp authorizes release of any i 6) NON-SOLICITATION AND Customer shall not employ Corporation, whether that employee for a period of to Customer violate this provieighteen months' earnings	is accurate. tes from Excal con each invoice fill be assesse tes at the may and collection liable, jointly a greement. Der poration may of information to conformation conformatio	libur Technolo e. d on any chec ximum interest agency fees ir and severally, mand for payn check all trade Excalibur Tecl DYMENT OF I mploy or solici s provided serv the date on w er shall pay to libur Technolo	gy Corp ks retu t rate al the ev with the ent and ba hnology EMPLC tt for en vice to (hich su Excalib gy Cor	poration, and unless of the properties of the bank. Illowable by law plus a cent of non-payment. It is considered by Corporation for determined by Corporation for such employee was lass our Technology Corporation for such employee manufactured by Corporation for such employees and the corporation for the bank.	a \$35.00 late fee per involution. The undersigned agrees intee for the payment of all as and default are expression this application. Custo ermining credit eligibility. From written consent of Exitindirectly, any employee a prohibition shall remain intemployed by Excalibur for the prohibition of t	ice. It that by execution hereof, he, Il indebtedness or liabilities sly waived. Il indebtedness or liabilities comer requesting credit hereby calibur Technology Corporation, of Excalibur Technology	
Authorized Signature Title Social Security Number					Printed Name Date		