



Chiptech, Inc (dba) Vertical Cable: Account Application

Please complete this application and the bank inquiry form and 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 _____ Federal Tax ID _____

OPERATION PROFILE:

Organization:	Sales Volume:	Others:
Sole Proprietor _____	Last Year _____	Year Established _____
Partnership _____	This Year _____	No. of Employees _____
Corporation _____	Next Year _____	Type of Business _____

TRADE REFERENCES

Company _____
Address _____ City _____
State _____ ZIP Code _____ Phone _____ Fax _____
Acct No _____ Terms _____ Contact _____

Company _____
Address _____ City _____
State _____ ZIP Code _____ Phone _____ Fax _____
Acct No _____ Terms _____ Contact _____

Company _____
Address _____ City _____
State _____ ZIP Code _____ Phone _____ Fax _____
Acct No _____ Terms _____ Contact _____

Upon approval of this application, the undersigned attests financial responsibility and willingness to pay all invoices, past due accounts, and NSF checks owed to Chiptech, Inc (dba) Vertical Cable. In the event of default, the undersigned agrees to pay all costs of collection, including reasonable attorney fees. The undersigned acknowledges that any credit privileges, if granted, may be withdrawn at any time without prior notice.

Signature _____ **Name** _____ **Title** _____ **Date** _____



BANK CREDIT INQUIRY

Please fill out this form so that we may submit this information to the bank.

Company Name _____ Date _____

Address _____

Tel No _____ Fax No _____

Bank Name _____ Contact _____

Address _____ Acct No _____

_____ Acct No _____

Tel No _____ Fax No _____

I hereby authorize my bank _____, to release our bank account information on the account number(s) listed above to Chiptech, Inc (dba) Vertical Cable for credit rating purposes only.

Signature _____ **Name** _____ **Date** _____

FOR BANK USE ONLY

Dear Bank Officer,

The above company has listed your bank as a credit reference. Please help us make a fair decision by completing this form and returning it by fax at your earliest convenience. We appreciate your assistance in providing the following information. The information will be held strictly confidential. Thank you.

Checking Account No _____

Date Account Opened _____

Average Balance _____

Current Balance _____

Frequency of Returned Checks (NSF) _____

Rating _____

Comments _____

Prepared by _____ Title _____ Date _____



FL Office:
3001 West Hallandale Beach Blvd. Suite A&B
Pembroke Park, FL 33009
Tel: 800-749-2447 Fax: 954-454-2167 / Attn: **Accounting**

By signing this document you agree by the Terms as stated on Vertical Cable's website located here:

Terms and Conditions of Use & Terms and Conditions of Sale
http://verticalcable.com/terms_agreement.php

Terms and Conditions of Use
<http://verticalcable.com/tou.php>

Terms and Conditions of Sale
<http://verticalcable.com/tos.php>

THE CUSTOMER AGREES TO BE BOUND BY THIS SALE AGREEMENT AND ACCEPTS ITS TERMS AND CONDITIONS (UNLESS THE CUSTOMER HAS SIGNED A SEPARATE FORMAL PURCHASE AGREEMENT WITH Vertical Cable. IN WHICH CASE THE SEPARATE AGREEMENT SHALL GOVERN).

BY VISITING, BROWSING, SHOPPING, ACCESSING OR OTHERWISE USING THIS WEB SITE (THE "SITE") OPERATED BY Vertical Cable. YOU AGREE TO BE BOUND BY THESE TERMS AND CONDITIONS.

Name: _____

Company: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Email: _____

Signature: _____

Print Name: _____

Date: ____/____/____

These Terms and Conditions can be changed or altered at anytime without notification.