ADVANCED COMMUNICATION RESOURCES, INC. 10650-7 HAVERFORD RD. JACKSONVILLE, FLORIDA 32218 (904) 757-4347 - Telephone

APPLICATION FOR CREDIT

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MAILING ADDRESS:				
	STATE:			
PHONE:	F.	AX:	YEARS IN BUSINESS:	
		TYPE OF BUSINESS		
	CORPORATION Z	PARTNERSHIP z	PROPRIETORSHIP z	
	PRINC	IPAL OWNERS(S) OR OFFICER(S)	ARE:	
NAME:	TITLE	RESIDENCE ADDRESS	SIDENCE ADDRESS CITY/STATE/ZIP:	
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AGREEMENT

1. I (WE) WARRANT THAT THE INFORMATION PROVIDED HEREIN IS CORRECT AND IS FURNISHED TO YOU FOR THE PURPOSE OF OBTAINING CREDIT FROM YOUR FIRM. I REPRESENT THAT I AM (WE ARE) AUTHORIZED IN MY (OUR) CAPACITY TO BIND MY (OUR) FIRM ACCORDINGLY. IF IT IS NECESSARY FOR YOU TO TAKE LEGAL ACTION TO COLLECT THIS ACCOUNT, I (WE) AGREE TO SUBMIT TO THE JURISDICTION OF THE STATE OF FLORIDA. I (WE) FURTHER AGREE THAT THE VENUE FOR ANY SUIT RELATED TO OR CONCERNING THIS ACCOUNT OR OUR BUSINESS RELATIONSHIP WITH YOU SHALL BE JACKSONVILLE, DUVAL COUNTY, FLORIDA. IN ANY SUCH PROCEEDINGS, I (WE) WAIVE THE RIGHT TO A TRIAL BY JURY. ALL MONIES RECEIVED SHALL BE APPLIED AGAINST FINANCE CHARGES, IF ANY, THEN THE OLDEST BALANCES.

- 2. IT IS AGREED THAT ANY PAST DUE BALANCE OWED YOUR FIRM WILL ACCRUE INTEREST AT THE RATE OF 1.5% PER MONTH FROM THE DATE OF THE INVOICE AND THAT IF LEGAL ACTION IS BROUGHT TO COLLECT UNPAID INVOICES, THEN I (WE) WILL PAY, INADDITION TO THE PRINCIPAL AMOUNT DUE, PREJUDGMENT INTEREST AND COURT COSTS, AN ATTORNEYS FEE IN THE AMOUNT OF 25% OF THE TOTAL AMOUNT DUE, OR A REASONABLE FEE BASED UPON AN HOURLY RATE, WHICHEVER IS GREATER.
- 3. I HEREBY AUTHORIZE OUR BANK TO RELEASE ANY INFORMATION NECESSARY TO ASSIST IN ESTABLISHING A LINE OF CREDIT. IF GOODS ARE SOLD ON ACCOUNT, THIS APPLICATION REPRESENTS A CONTRACT TO PURCHASE GOODS FROM ADVANCED COMMUNICATION RESOURCES, INC., AND ALL POLICIES AND TERMS ON THIS FORM HAVE BEEN READ AND UNDERSTOOD.

TERMS

1. NET 30 DAYS WITH CREDIT APPROVAL. ALL BALANCES OLDER THAN 45 DAYS WILL BE CHARGED 1.5% MONTHLY FINANCE CHARGE. RETURNED CHECKS SUBJECT TO A \$20.00 CHARGE AND SUCH OTHER CHARGES AS ARE AUTHORIZED BY LAW.

RETURNS

- ALL ITEMS RETURNED FOR CREDIT MUST HAVE PRIOR AUTHORIZATION AND ARE SUBJECT TO A 20% RESTOCKING CHARGE.
- POSSESSION OF OUR PRODUCT LIST DOES NOT CONVEY THE RIGHT TO BUY.
- ANY DISCREPANCIES IN SHIPMENTS MUST BE REPORTED WITHIN TEN DAYS OF RECEIPT.
- PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE.

BANK REFERENCES

BANK NAME:			
ADDRESS:	CITY/STATE/ZIP	· 	
OFFICER:	PHONE:		
CHECKING ACCT. #	SAVINGS ACCT. #	LOAN ACCT. #	
I/WE HEREBY AUTHORIZE OUR BANK	TO RELEASE ANY INFORMATION NECE	SSARY TO ASSIST IN ESTABLIS	HING A LINE OF CREDIT
	EXECUTION OF APPLICAT	CION	
SIGNATURE	PRINTED NAME		TITLE
Social Security Number	DATE		
SIGNATURE	PRINTED NAME		TITLE
Social Security Number	DATE		