



Credit Application

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ E-mail: _____

Type of Business:

() Corporation () Partnership () Individual () DBA

FID# _____

Owners, Principal and Officers:

Name: _____ % _____ Title: _____ SS#: _____

Phone: _____

Name: _____ % _____ Title: _____ SS#: _____

Phone: _____

Name: _____ % _____ Title: _____ SS#: _____

Phone: _____

Trade References: (Please provide complete address, phone and fax numbers)

Name: _____ Phone: _____

Address: _____ Fax: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

Terms and Conditions:

Payment terms shall be net 30 days unless otherwise agreed to in writing. The Applicant agrees to pay a finance charge of 1 1/2% per month, which is an annual percentage rate of 18%, on the amount of all accounts not paid within 30 days from the date of invoice. Applicant agrees to pay all costs of collection, including reasonable attorney's fees, incurred by creditor in collecting any monies due, whether suit be brought or not. The undersigned, individually and as authorized agent for the Applicant, affirms that all information given hereunder is true, correct and complete, agrees that any credit extended shall be in accordance with the terms and conditions set forth in this Application, and the Applicant and the undersigned accept said terms and conditions and agree to be bound by them.

The undersigned agrees to keep this Application and the information contained in it current and to immediately notify creditor of any and all changes in the information provided. The law of the State of Florida, shall govern this Credit Application, any disputes arising under it, and any extensions of credit by the creditor to the Applicant. The Applicant and the undersigned waive the right to trial by jury and the privilege of being sued in the County of their residence in any litigation arising out of this Credit Application and any extensions of credit pursuant to it. The Applicant and the undersigned agree that any litigation arising hereunder and in connection with the collection of any monies due creditor shall be brought in Miami-Dade County, Florida.

In order to induce creditor, its successors and assigns, to extend credit to Applicant pursuant to this Credit Application, the undersigned, individually, unconditionally guarantees performance by the Applicant of its obligations hereunder and payment to creditor, its successors and assigns, of all debts and obligations of Applicant hereafter arising and existing, including, without limitation, all amounts of principal and interest due and all expenses of collection, including reasonable attorney's fees, incurred in the collection thereof or the enforcement of its rights hereunder, whether suit be brought or not.

By: _____
(Agent for Applicant and individually as guarantor)

By: _____
(Agent for Applicant and individually as guarantor)

Print Name

Print Name

Date

Date

Please Print

I/we hereby authorize: _____ to furnish National Communications with
(print name of your bank)
the information requested below concerning our checking account.

Bank address (your branch) _____ Company Name _____

Signature _____
Account Number _____ Date _____
Bank Phone # _____ Bank Officer _____
Fax: _____

Below Information Is To Be Provided By Your Bank

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Balances Average \$: _____ Present \$: _____ Return Items? () Yes () No

Loans: Any Outstanding? () Yes () No

Amount of loan \$ _____ Current Balance \$ _____ Matures _____

Collateral _____

Repayment schedule-met as agreed? () Yes () No

Date _____ Verified by: _____
(signature of bank employee)