



CREDIT APPLICATION

ELUTIONS, INC.
 5909 BRECKENRIDGE PKWY, SUITE F
 TAMPA, FLORIDA 33610
 813-371-5500

Failure to fill in all blanks may delay processing. Attach most recent financial statement. Application must be signed by owner or duly authorized officer or partner.
SEND TO ATTENTION: CREDIT DEPT – Fax 813-371-5501

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

| | | | | |
|--|-------------|-----------------------------|----------------|---------------|
| Firm Name: | | | | Telephone () |
| Parent Corporation of AKA (Also Known As): | | | | Fax# |
| Purchasing Contact: | | | | Telex# |
| Billing Address: | | | | |
| City | State | Zip | Country | |
| Type of Enterprise: | Corporation | Partnership | Proprietorship | |
| Names of Principals and Titles: | | | | |
| Accounts Payable Contact: | | | | Telephone () |
| Date Business Started | Sales Terms | Facilities Owned or Leased? | | |
| Principal Computer Lines Carried: | | | | |

Present Yearly Sales Volume:

| | | |
|--|---|--|
| <input type="checkbox"/> Under \$50,000 | <input type="checkbox"/> \$100,000 to \$500,000 | <input type="checkbox"/> \$5,000,000 to \$10,000,000 |
| <input type="checkbox"/> \$50,000 to \$100,000 | <input type="checkbox"/> \$500,000 to \$1,000,000 | <input type="checkbox"/> Over \$10,000,000 |
| | <input type="checkbox"/> \$1,000,000 to \$5,000,000 | |

BANK REFERENCES
 *Less than 2 years, a second bank reference required

| CHECKING | | | | SAVINGS | | |
|----------------|-------|-----|--|----------------|-------|-----|
| Bank | | | | Bank | | |
| Address | | | | Address | | |
| City | State | Zip | | City | State | Zip |
| Telephone () | FAX# | | | Telephone () | FAX# | |
| Account Number | | | | Account Number | | |
| Account Name | | | | Account Name | | |
| Contact | | | | Contact | | |

U.S. TRADE REFERENCES
 *Companies with whom credit has been established; three required

| | | | |
|---------------|------------------|---------------|------------|
| 1. Name | Type of Business | | |
| Address | City | State | Zip |
| Telephone () | FAX# | Payment Terms | Customer # |
| 2. Name | Type of Business | | |
| Address | City | State | Zip |
| Telephone () | FAX# | Payment Terms | Customer # |
| 3. Name | Type of Business | | |
| Address | City | State | Zip |
| Telephone () | FAX# | Payment Terms | Customer # |

We expect our monthly credit requirements from you to be approximately: \$

In consideration of the extension of credit and establishment of a credit account, applicant acknowledges liability for payment of amounts due eLutions, Inc. for delivery of eLutions products. If eLutions must take action to collect any balance owing, applicant agrees to pay all reasonable costs and expenses incurred in collection including, but not limited to, reasonable attorney's fees, court costs, and interest thereon at the then maximum legal rate. By signing this agreement, applicant acknowledges payment will be made according to quoted terms on invoice. All past due invoices are subject to interest charges at the maximum allowable legal rate. Signature also authorizes the release of credit information concerning our company that MS may reasonably require.

Authorized Signature _____ Title _____ Date _____

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