



Credit Application

Stampede Presentation Products, Inc.
3332 Walden Avenue, Ste. 106, Depew, NY 14043
Tel: 716-635-9474 • Credit Fax: 716-635-9484 • Toll Free U.S. 1-800-398-5652
Web site: www.stampede-us.com

Sales Rep: _____

Applicant	E-mail
Business Name (If different from Applicant Name)	Phone
Address	Fax
City State	Zip Code
Nature of Business	Date Started

Check One:

- Proprietorship
- Partnership
- Corporation
- Limited Liability Co.
- Other

Credit Limit Requested \$ _____

Terms Requested: Must Check One **Open-Net 30** **Credit Card – See below**
 C.O.D Company Check **C.O.D Certified Check**

Credit Card Information: Check One **Visa** **MasterCard**

Card Number: _____ Expiration Date _____ Name on Card _____

CCID # _____ As an added security measure, we ask that you enter the extra 3-4 digit number located on the back of your credit card, on or near your signature panel.

I authorize Stampede Presentation Products (Stampede) to charge purchases of product to the above credit card. This authorization will remain in effect until written notice of cancellation is received by Stampede.

Print Name: _____ Billing address for Card holder: _____

City, State, Zip: _____

Signature: _____ Date: _____

Suppliers / Trade References (related industry purchases during past 12 months)

Name	Phone	Fax
Acct #		
Name	Phone	Fax
Acct#		
Name	Phone	Fax
Acct#		

Purchase Orders Required

D & B #

Billing Method

Invoice

Tax Exempt (Attach Resale Certificate)

Yes # _____

No

BANK REFERENCES

Name	Account Number	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan
Address	City	State	Zip Code	Phone Fax
Name	Account Number	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan
Address	City	State	Zip Code	Phone Fax

KEY COMPANY CONTACTS

Accounts Payable:
Controller/VP Finance:
Sales Manager:
Purchasing Manger

NAMES OF OWNER (S), OFFICER (S) OR PERSONS RESPONSIBLE FOR ACCOUNT

Name, Home Address	Phone #	SS # & Title (If Corporation)	Birth date

Indicate your company's primary business:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Aggregator/Master Reseller | <input type="checkbox"/> Exporter | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Technical Service/Support VAR |
| <input type="checkbox"/> Buying Group | <input type="checkbox"/> Franchisee/Affiliate | <input type="checkbox"/> OEM | <input type="checkbox"/> VAD |
| <input type="checkbox"/> Corporate Reseller | <input type="checkbox"/> Franchiser | <input type="checkbox"/> Rental | <input type="checkbox"/> VAR |
| <input type="checkbox"/> Direct Marketer | <input type="checkbox"/> Interconnect | <input type="checkbox"/> Retail | |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Internet Service Provider | <input type="checkbox"/> Systems Integrator | |

Indicate your company's annual purchases through distribution: _____

Indicate the number of employees your company employs: _____

Of these employees, how many are:

Administration: _____	Management: _____	Sales: _____
Professional Service: _____	Warehouse Operations: _____	
Field Service: _____	Purchasers: _____	

Indicate how many locations you have: _____

Indicate which method of marketing correspondence you would like to receive:

- Mail
 Fax
 Email
 None

Indicate your company's primary markets:

- Markets**
- | | | |
|---|--|--|
| <input type="checkbox"/> Education/Academic | <input type="checkbox"/> Gov't Local | <input type="checkbox"/> Small Business (1-100 employees) |
| <input type="checkbox"/> Fortune 1,000 | <input type="checkbox"/> Gov't Federal | <input type="checkbox"/> Small Office/Home Office |
| | | <input type="checkbox"/> Mid Size Business (100 – 1,000 employees) |

Vertical

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting/Banking/Financing | <input type="checkbox"/> Entertainment/Recreation/Hospitality | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Healthcare/Medical/Dental/ Pharmacy | <input type="checkbox"/> Publishing/Printing |
| <input type="checkbox"/> Business/Office | <input type="checkbox"/> Home Entertainment | <input type="checkbox"/> Pos |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Insurance/Real Estate | <input type="checkbox"/> Transportation |
| | | <input type="checkbox"/> Utilities |

Indicate which products your company purchases most often:

- | | | |
|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Pro Video | <input type="checkbox"/> Consumer Video | <input type="checkbox"/> Plasma |
| <input type="checkbox"/> Pro Audio | <input type="checkbox"/> Consumer Audio | <input type="checkbox"/> Projector |

Indicate the lines you currently purchase:

- LCD Projector :** Distributor Direct
- Infocus Optoma Hitachi Mitsubishi NEC Other _____
- Plasma Monitors :** Distributor Direct
- Sony Hitachi Pioneer Viewsonic NEC Other _____
- LCD Monitors:** Distributor Direct
- Panasonic Sony NEC Other _____

Indicate the sales method your company uses most often:

- Catalog /Advertising
 Online/WWW
 Outside Sales
 Inside Sales/Telemarketing

APPLICATION FOR CREDIT

THE INFORMATION REQUESTED ON THIS APPLICANT IS FOR THE PURPOSE OF OBTAINING CREDIT ACCOUNT PRIVILEGES FROM STAMPEDE PRESENTATION PRODUCTS, INC. ("STAMPEDE"). APPLICANT AND ANY GUARANTORS FOR THEMSELVES AND THEIR OFFICERS AND/OR MEMBERS AUTHORIZE STAMPEDE TO CONDUCT ANY INVESTIGATIONS DEEMED NECESSARY TO AUTHORIZE OPENINGS OR CONTINUATION OF THE ACCOUNT INCLUDING CREDIT INVESTIGATIONS OF THE APPLICANT, GUARANTORS, OFFICERS AND/OR MEMBERS OR PARTNERS OF THE APPLICANT.

Terms of Sale, including price, terms of payment and charges, for each purchase are agreed to be those specified on the face of each invoice. The above information is willingly supplied and Stampede is authorized to contact the above bank and trade references in order to establish the creditworthiness of the above named company. If applicant is not a corporation or is a newly formed corporation or under new management, then Stampede is authorized to obtain credit reports about proprietors, partners or principles. Should credit availability be granted by Stampede, all decisions with the respect to the extension or continuation shall be in the sole discretion of Stampede. Stampede may terminate any credit availability within its' sole discretion. We further agree that if the merchandise ordered shall remain past the due date, it shall bear interest at the rate of 1.5 % per month until paid. In the event that any suit or action is instituted to collect money due on our account, whether principal or interest, or both, we agree to pay, in addition to the amount owed, all costs of collection or legal fees in an amount equal to 25% of principal balance should applicant not make payment pursuant to Stampede's terms. Any legal suits may be commenced in the State of New York, County of Erie and the undersigned waives any right to a trial by jury. Any disputes to any charges must be registered in writing within 5 business days from receipt of any invoice I have read the above conditions and hereby agree to them.

Signed _____ Title (If Corporation) _____ Date _____

(*Must be signed by an officer of corporation or owner for application to be processed)

GUARANTY AGREEMENT

In consideration of the sale of merchandise by Stampede Presentation Products, Inc. ("Stampede") to the applicant, the undersigned hereby unconditionally guarantees to Stampede the payment of any existing or future indebtedness which the **APPLICANT** owes to Stampede in any manner whatsoever without limitation as to amount (the "Debt"). This guaranty shall be a continuing guaranty independent of and in addition to any other security, collateral or guaranty held by Stampede and shall not be impaired by any neglect, failure or omission to realize upon any extension of credit in excess of the initial credit limit or by renewal, modification, compromise or discharge of the Debt or any part thereof with any party obligated on the Debt. The liability of the undersigned shall be direct, immediate and absolute and not be conditional or contingent upon the pursuit or prosecution by Stampede of any other remedy or remedies whatsoever, and Stampede shall have against the undersigned any and all rights and remedies it might have against the **APPLICANT**. The undersigned consents to Stampede obtaining a consumer credit report on undersigned for the purpose of evaluating the creditworthiness of **APPLICANT** in connection with an application for business credit.

Dated this _____ day of _____, 20 _____

Witness: _____

Signature of Guarantor: _____

Print Name: _____

SSN: _____

Birth Date: _____

Drivers License # _____

Home Address: _____

Witness: _____

Signature of Guarantor: _____

Print Name: _____

SSN: _____

Birth Date: _____

Driver License # _____

Home Address: _____

***** CURRENT YEAR-END FINANCIALS STATEMENTS ARE REQUIRED FOR NET TERMS *****

Financial statements must include a balance sheet and income statement. Unaudited financial statements must be signed and dated by the Company's Owner/Officer
The statement's time period must be indicated.

PRINT OUT THIS RESALE CERTIFICATE AND FAX BACK TO STAMPEDE WHEN COMPLETE!



Resale Certificate

- The vendor must collect the tax on a sale of taxable property or services unless the purchaser gives him a properly completed resale certificate or exemption certificate.

* The Undersigned hereby certifies that he:

- Holds a valid Certificate of Authority to collect state and local sales and use tax.
- Is principally engaged in (indicate nature of business): _____
- Intends that the tangible personal property is for resale in its present form or as a component part of tangible personal property; or the tangible personal property is for use in performing taxable services where such property becomes a component part of the tangible personal property upon which the services are performed or will be actually transferred to the purchaser of the service in conjunction with the performance of the service.
- Understands that this certificate may not be used to purchase items or services which are not for resale and that he will pay the use tax on tangible personal property or services purchased pursuant to this certificate and subsequently used or consumed in a taxable manner, and that any erroneous or false use of this certificate will subject him to payment of tax plus penalties and interest.

SIGNATURE OF OFFICER _____

NAME OF COMPANY _____

Title _____ Date _____

Street Address _____

Seller's Certificate Number _____

City _____ State _____ Zip _____

After completion, please fax to Stampede Presentation Products at 716-635-9484