



ESTEEM
INDUSTRIAL WIRELESS SOLUTIONS

Customer Credit Application
(Signature required)

415 N. Quay Street, BLDG B-1
Kennewick, WA 99336

www.esteem.com

Phone: 509-735-9092
Fax: 509-783-5475

Company: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

_____ Corporation _____ Partnership _____ Proprietorship

Type of business: _____ Year established: _____

Principals/Officers:	Name	Title
	_____	_____
	_____	_____

AP Contact: _____ Phone: _____ Email: _____

Point of Contact: _____ Phone: _____ Email: _____

CREDIT AMOUNT BEING REQUESTED: _____

Trade reference: _____

Contact: _____ Email _____

Trade reference: _____

Contact: _____ Email _____

Trade reference: _____

Contact: _____ Email _____

Bank reference: _____

Contact: _____ Phone: _____ FAX: _____

As part of this application, I, the undersigned, grant permission to ESTEem Wireless Modems to contact consumer credit reporting agencies, commercial credit reporting agencies, and any and all of the trade and bank references listed on page 1 of this application, together with any other references which may be provided by these bank and trade references. I further agree to pay a Service Charge of 1.5% per month on invoices not paid according to terms.(30 days after date of invoice) I also agree to pay all costs on collection, including attorney's fees, incurred by or on behalf of ESTEem Wireless Modems in connection with the collection or attempted collection of any and all past due invoices and any and all amounts due.

I, _____ do hereby agree to the above terms.

PRINT NAME HERE

Authorized Signature Title Date