



ACCOUNT APPLICATION

501 Sumner Street #3B1 • Honolulu, HI 96817-5304
Telephone 808.531.4611 • facsimile 808-531-4003

Check or answer, as appropriate:

- Sole Proprietorship Partnership
- Corporation Limited Liability Company
- Limited Liability Partnership

Tax I.D. No. _____

Type of Business _____

Years in Business _____ Number of Employees _____

Contact person for Accounts Payable:

Are purchase orders required? Yes No

Is this for resale? _____ Resale # _____
(Please attach resale form G-17 to the application)

Payment is due in full, as evidenced by the monthly statement no later than thirty (30) days following the end of the month in which the amounts were incurred. Amounts not paid within this period are considered delinquent and will be charged 1.5% interest per month.

(Initial) _____

If any check is returned unpaid, applicant agrees that we may then debit their checking account, for the amount of check, plus up to \$25 processing fee as permitted by law. Payment by check constitutes acceptance of these terms.

Any amount which has not been paid within ninety (90) days following the end of the month in which it was incurred shall be grounds for cancelling of credit privileges. We then reserve the right, without liability and without prejudice to any other remedies, to suspend our performance, decline to ship, or stop any work in progress until we receive payment of all amounts owed us.

In case suit or action is instituted to collect any delinquent amount the customer agrees to pay, in addition to amount of the delinquent account and interest, all collector's and/or attorney's fees.

Applicant's signature attests to financial responsibility, ability and willingness to pay any amounts incurred within the above terms. Applicant warrants that credit sought is not for personal or consumer debt or use.

All the information I have given on this application is true and correct. I understand that you will confirm this information and retain the application whether or not my application is approved, or it is withdrawn. You are also authorized to request and receive information about me and my credit experience from other such as Banks, Credit Unions, Savings & Loan Companies, Dun & Bradstreet or Credit Bureaus.

Signature _____

Print Name _____

Title _____

Date _____

If the applicant is a corporation, limited liability company or limited liability partnership, the following persons who are all of the shareholders, members or partners of the applicant, as the case may be, hereby unconditionally guaranty, jointly and severally, all of the foregoing obligations of the applicant.

Signature _____

Print Name _____

Date _____

Signature _____

Print Name _____

Date _____

Signature _____

Print Name _____

Date _____

Firm Name _____

Attention _____

Billing Address _____

City _____ State _____ Zip _____

Business Telephone (____) _____ Fax (____) _____

Ship to Address _____

Street _____

City _____ State _____ Zip _____

Full name of principal owners or authorized officers of corporation.

Name _____ Title _____

Social Security Number _____

Name _____ Title _____

Social Security Number _____

Name _____ Title _____

Social Security Number _____

Bank References:

Bank Name _____

Account Number _____

Branch Bank _____ Officer Contact _____

Bank Address _____

Trade References: (please supply three)

Name _____

Telephone (____) _____ Fax (____) _____

Address _____ City/Zip _____

Name _____

Telephone (____) _____ Fax (____) _____

Address _____ City/Zip _____

Name _____

Telephone (____) _____ Fax (____) _____

Address _____ City/Zip _____

Approved _____ Date _____

Account # _____ Limit _____