

Cayman Wireless, Inc.

Harlingen, TX 78552 * Tel. (956) 825-0710

ACCOUNT APPLICATION

Return to: sales@caymanwireless.com or FAX: (956) 825-0713

This application and financial information is only for use by the Cayman Wireless, Inc.., credit department to open an account and will be held strictly confidential. Financial Statements or Tax Returns <u>may be</u> required (audited if available) if credit amount requested is over \$10,000. Interim statements should be included if older than 6 months from fiscal year-end.

| COMPANY /APPLICANT NAME | | | | PARENT CO | | |
|--|---------------------------|-------------|------------|---|-------|-----|
| CHECK ONE: Corporation Sole Proprietorship | | | orship | Federal Tax I.D. # | | |
| | Partnership | _ Other | | Sales Tax I.D. # (Sales Tax will be charged p Resale Certificate) | | |
| Email for Invoices: | | | | Duns # | | |
| State of Incorporation: _ | | | | Year Established: | | |
| | CASH ACCOUNT | | or | CREDIT ACCOUNT | | |
| | AMOUNT OF | CREDIT REQU | ESTED \$ _ | | | |
| GENERAL INFORMAT | ION | | | | | |
| Billing Address | | | | Phone # | | |
| City | State | Zip | | Fax # | | |
| Shipping Address | | | | _ City | State | Zip |
| A/P Contact Name | | | _ Phone # | Email | | |
| PROPRIETOR / PARTN | IER / CORP. OFFICER INFOR | RMATION | | | | |
| Full Name | | | | Email: | | |
| Address | | | | Phone # | S.S.# | |
| City | State | ZIP | | Driver's License # | | |
| Full Name | | | | Email: | | |
| Address | | | | Phone # | S.S.# | |
| City | State | | 1 | Driver's License # | | |

BANK REFERENCES

| Bank Name | | Phone # | | |
|-------------------------------|------|---------|-------|-----|
| Contact | | Fax # | | |
| Address | City | | State | Zip |
| Checking/Savings Account(s) # | | # | | |

CREDIT REFERENCES – PREFERABLY WITHIN THE WIFI INDUSTRY

| Credit Reference | | | Credit Reference | | |
|------------------|-------|-----|------------------|-------|-----|
| Acct # | Phone | Fax | Acct # | Phone | Fax |
| Credit Reference | e | | Credit Reference | e | |
| Acct # | Phone | Fax | Acct # | Phone | Fax |

TERMS AND CONDITIONS

- 1. The information given is warranted to be true and given for the purpose of obtaining credit. The applicant consents to the opening of an account. I authorize Cayman Wireless, Inc.., to review the company credit history and/or personal information as may be required in connection with the credit line hereby applied for or any renewal or extension thereof and to the disclosure of any trade information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations.
- 2. In the event credit privileges are extended, I / We agree to abide by the terms of sale of Net 30 days. I / We agree that Cayman Wireless, Inc. may, in its discretion, increase the credit limit from time to time on this account without notice. I / We agree and understand that I / We are liable for the full amount of all invoices, regardless of whether they exceed the credit limits on this account.
- 3. All invoices are due and payable @ Cayman Wireless, Inc., 5634 Sam Snead Dr., Harlingen, TX 78552.
- 4. I / We agree to pay interest charges on overdue accounts at the rate of 1.5% per month.
- 5. Merchandise will not be accepted for return unless authorized by Cayman Wireless, Inc., by obtaining an "RMA" number.
- 6. PROOF OF PURCHASE IS REQUIRED FOR ALL RETURNS
- 7. Purchaser agrees to pay all costs of collection including state approved fees for all unpaid checks, substitute image documents credit or debit card transactions that are returned unpaid.
- 8. Should these terms not be honored on demand, and the matter placed in the hands of an attorney or collection agency, the undersigned shall pay all cost of collection, including reasonable attorney fees.
- 9. Failure to comply with these Terms and Conditions may result in cancellation of credit privileges without notice.

10. I / WE AGREE THIS ACCOUNT WILL BE LITIGATED IN CAMERON COUNTY, TEXAS IF NEEDED.

| 11. I, | authorize Cayman Wireless, Inc. to charge my credit card | | | |
|--------------------|--|--|--|--|
| Credit Card number | , expiration date/ security code, | | | |
| Name on card | , for all unpaid amounts exceeding 15 days from the due date of the invoice. | | | |
| PRINTED NAME | DATE | | | |
| SIGNATURE | | | | |

GUARANTEE OF PAYMENT

| Execu | Executed by the undersigned individual(s), and not as company official, this day of | | | | | |
|--------|---|--------------------|-------|--|--|--|
| Printe | ed name of Guarantor (s) | | | | | |
| Signa | ture of Guarantor(s) | | | | | |
| | Office Use Only: | | | | | |
| | Salesperson Number | Sales Pricing Code | Terms | | | |
| | Credit Limit | Date | | | | |
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