



VIP Computers, LLC
 2555 NW 102nd Ave, Suite 207
 Miami, FL 33172
 Tel: +1 305 809 8823
 Fax: +1 786 456 9368

Customer Account Application

Please return application along with requested documents by fax to +1 786 456 9368,
 or by email to credit.us@vip-computers.com

Date: _____

Completed by: _____

Company Information

Legal Business Name: _____ Trade Name/DBA: _____

Is your company the parent or subsidiary of another company? Yes No

If yes please list company name and location: _____

Other affiliates: _____

Registered Office Address: _____

City: _____ State: _____ Zip: _____ Country _____

Invoice Address (If different from above):

City: _____ State: _____ Zip: _____ Country _____

Shipping Address:

City: _____ State: _____ Zip: _____ Country _____

Telephone: _____ Fax: _____

In business at this address since: _____ Own Lease

Business is a: Corporation LLC Partnership Proprietorship Date established _____

Federal I.D.(EIN)#: _____ Resale certificate#: _____

Dun & Bradstreet#: _____ Website address: _____

State of incorporation _____

How many employees work in your organization: 1-5 6-25 26-50 51-100 101-200 201+

Annual Turnover: _____

Business Focus: Corporate Distributor E-commerce Government/Education
 Manufacturer/OEM Retail VAR Wholesale Other: _____

Initials: _____



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Principal Officers:

Check one: Principal Partner Proprietor

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Mobile: _____ Email: _____

Social Security#: _____ Drivers license#: _____

Passport#: _____ Issued by: _____

Have you ever filed for bankruptcy? Yes No If yes, under what name: _____ Year: _____

Check one: Principal Partner Proprietor

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Mobile: _____ Email: _____

Social Security#: _____ Drivers license#: _____

Passport#: _____ Issued by: _____

Have you ever filed for bankruptcy? Yes No If yes, under what name: _____ Year: _____

A/P Contact name: _____ Telephone#: _____

Email address: _____

Purchasing contact: _____ Telephone#: _____

Email address: _____

Estimated monthly purchases (in USD\$): _____

Terms requested: Prepaid/Wire Transfer Cashiers check Net terms*

***To be considered for net terms, please fill out the credit application**

Initials: _____



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Trade references:

Company name: _____ Contact: _____

Street address: _____

City: _____ State: _____ Zip: _____ Country _____

Phone: _____ Mobile: _____ Email: _____

Account#: _____ Terms: _____ Credit Line: _____ Secured by: _____

Company name: _____ Contact: _____

Street address: _____

City: _____ State: _____ Zip: _____ Country _____

Phone: _____ Mobile: _____ Email: _____

Account#: _____ Terms: _____ Credit Line: _____ Secured by: _____

Bank References:

Bank name: _____ Contact: _____ Date opened: _____

Street address: _____

City: _____ State: _____ Zip: _____ Country _____

Phone: _____ Mobile: _____ Email: _____

Checking A/C#: _____ Savings A/C#: _____ Loan A/C# _____

By signing below, the undersigned is hereby responsible for paying, and is financially able to pay, invoices according to the terms and conditions of such invoices. If VIP Computers, LLC is required to make collection efforts to recover any past due balance, VIP Computers, LLC shall be entitled to collect any costs or expenses occurred in connection with such efforts. Including but not limited to service charges, attorneys' fees and court costs.

Any returned check (NSF) will disqualify the account from any future company check privileges.

The undersigned hereby confirms that all information contained herein is true, complete and accurate as of the date provided

Name & Title: _____

Authorized Signature: _____ Date: _____

Initials: _____



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Additional Information:

1. Please list the specific name of each country in which you intend to sell any products purchased from VIP Computers: _____
2. Provide a category description of the products you intend to purchase from VIP Computers for resale to your customers: _____

Export Control Compliance:

It is your responsibility to ensure that your resale transactions involving products purchased from VIP Computers do not violate the export control regulations enacted by the United States, The European Union or local government law. Specifically, products purchased from VIP Computers must not be sold to any person, entity or business listed on any of the denial lists published by authorities governing the transaction including the local government. In addition, you may not, without a license, export or re-export products purchased from VIP Computers to embargoed destinations and terrorists supporting such destinations, nor may you knowingly resell any item to end-users involved in the proliferation of nuclear, chemical or biological weapons, or in missile technology development, without a license. You may also not export, re-export or transfer an item if you have knowledge that your customer will re-export or transfer that item without proper licensing authority.

Proof of Export:

If you are located outside the United States, we require that you provide us with a proof of export (copy of B/L, Airway Bill) no later than 14 days after collection of the goods.

Acknowledgement:

The undersigned certifies that all of the information contained herein and on any attachments is true and correct to the best of their information, knowledge and belief. We have read all sections of this application and have also read through VIP Computers, LLC general Terms & Conditions of Sale (<http://www.vip-computers.com/us/termsconditions.aspx>) and acknowledge that we have read and understood the same and agree to be bound by such terms and conditions with respect to all purchases of products from VIP Computers. We agree to immediately notify VIP Computers of any changes in ownership of our business or any relevant change in the management/finance area of our business as set forth herein by certified mail to the address below

Company Name: _____

Company Officer Signature: _____

Print Name: _____

Company Officer Title: _____ Date: _____

Notary Public

Seal

Initials: _____



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Documents to be attached to the application:

- 1) Background of Company and its Shareholders
- 2) Copy of Sales Tax Exemption Certificate if applicable
- 3) Articles of Incorporation or Official Registration Document
- 4) Copy of photo identification for each of all Principals/Owners/Guarantors

Initials: _____