



Townsend Networks Credit Application

Company _____
Other Trade Names _____
Address _____
City _____ State/Zip _____
Type of Business _____ Year Established _____
Year Incorporated _____ State of Incorporation _____
Federal ID Number _____ D&B Number _____ Rating _____
Telephone _____ Fax _____ E-Mail _____
Terms Requested: Cash _____, COD _____, Credit Card _____, Net _____, Amount _____

Principal Owners or Stockholders

Name/Title _____ Social Security # _____
Address _____
Name/Title _____ Social Security # _____
Address _____
Name/Title _____ Social Security # _____
Address _____

Bank Information

Bank Name _____ Account # _____
Address _____ Telephone _____
Contact Name (s) _____ Fax _____

Financial Information (in thousands) for the twelve months ended –

Revenues _____ Long-term Debt _____
Net Income _____ Long-term Liabilities _____
Total Assets _____ Stockholders Equity _____

Trade References (related industry and floor plan preferred.)

Name _____ Account # _____
Address _____ Telephone _____
Contact Name (s) _____ Fax _____
Name _____ Account # _____
Address _____ Telephone _____
Contact Name (s) _____ Fax _____
Name _____ Account # _____
Address _____ Telephone _____
Contact Name (s) _____ Fax _____

Exemption for Resale

Attach a copy and write in your valid resale certificate number here: _____ State _____

The undersigned authorizes release of all credit information requested by Townsend Networks.

Name (printed) _____ Title _____

Signature _____ Date _____

Return this form to: Townsend Networks Attn: Credit Department Fax (415) 520-6661