


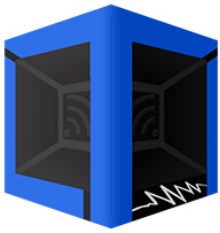
LINK
TECHNOLOGIES INC

Credit Application

 **647.725.7011**

 **314.735.0270**

 **636.660.1534**



LINK TECHNOLOGIES INC

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647.725.7011

636.660.1534

COMPANY INFORMATION * Denotes Required Field

Information about your company.

*Company Name:									
DBA:									
*FEIN Tax ID#:					*Phone#:				
DUNS#:					Fax#:				
Years in business:			Email:						

*BILLING ADDRESS

*SHIPPING ADDRESS

Street Line 1:	
Street Line 2:	
City:	Country:
State/Province:	
ZIP/Postal Code:	

Street Line 1:	
Street Line 2:	
City:	Country:
State/Province:	
ZIP/Postal Code:	

FEDERAL TAX QUALIFICATION

Information on how your company files its taxes.

*Check the appropriate box for federal tax classification:

Individual/sole proprietor
 C Corporation
 S Corporation
 Partnership
 Trust/Estate

Limited liability company. Enter the tax classification
("C"=C Corporation "S"=S Corporation "P"=Partnership) _____

HOW MUCH CREDIT ARE YOU APPLYING FOR?

*\$: |

APPLICATION POINT OF CONTACT

Who can we contact in regards to this application?

*Name:	
*Phone#:	Email:

OFFICE USE ONLY

Signed by corp officer?
 YES NO

Euler Reference #: _____

Date submitted to Euler: _____

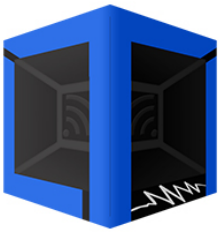
Date Received completed: _____

Approved?
 YES NO

Invoice # for application fee: _____

Approved Amount: _____

Received signed TaS?
 YES NO



* Denotes Required Field
† Denotes Required Field if S/P/LLC-S-C

OWNER/OFFICER INFORMATION

Personal information on the owner/officer .

*Name:		†DOB:	
*Direct office email:		†SSN#:	
*Position/Title:		*% Held:	

† PERSONAL ADDRESS

Street Line 1:			
Street Line 2:		State/Province:	
City:	Country:	ZIP/Postal Code:	

OWNER/OFFICER INFORMATION (2)

* Denotes Required Field
† Denotes Required Field if S/P/LLC-S-C

Personal information on the owner/officer .

*Name:		†DOB:	
*Direct office email:		†SSN#:	
*Position/Title:		*% Held:	

† PERSONAL ADDRESS

Street Line 1:			
Street Line 2:		State/Province:	
City:	Country:	ZIP/Postal Code:	

ADDITIONAL OFFICERS

Name	Position/Title	% Held

*BANK INFORMATION

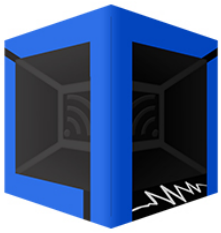
Checking Acct #:	
Bank Name:	
Contact name:	
Phone #:	

Saving Acct #:	
Bank Name:	
Contact name:	
Phone #:	

BANK ADDRESS

Street Line 1:		
City:	Country:	
State:	ZIP:	

Street Line 1:		
City:	Country:	
State:	ZIP:	



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Please complete the form with a minimum of 3 current vendor references. Vendors that you utilize within this application will need to be cooperative with Link Technologies, Inc. and/or Euler Hermes in order to obtain the information required to proceed with your application. You may choose to contact your references directly to let them know Link Technologies, Inc. will be sending them a financial reference form to complete on your behalf.

TRADE SUPPLIER REFERENCE

* Denotes Required Field

Information regarding your current trade suppliers.

*Company Name:			
Street Line 1:			
Street Line 2:			State/Province:
City:		Country:	ZIP/Postal Code:
*Contact Name:			*Phone#:
*Email:			*Fax#:
*Credit Limit:	*Current Payment Terms:		*Customer Since:

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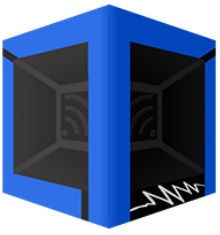
TRADE SUPPLIER REFERENCE

* Denotes Required Field

Information regarding your current trade suppliers.

*Company Name:			
Street Line 1:			
Street Line 2:			State/Province:
City:		Country:	ZIP/Postal Code:
*Contact Name:			*Phone#:
*Email:			*Fax#:
*Credit Limit:	*Current Payment Terms:		*Customer Since:

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TRADE SUPPLIER REFERENCE

* Denotes Required Field

Information regarding your current trade suppliers.

*Company Name:		
Street Line 1:		
Street Line 2:		State/Province:
City:	Country:	ZIP/Postal Code:
*Contact Name:		*Phone#:
*Email:		*Fax#:
*Credit Limit:	*Current Payment Terms:	*Customer Since:

OFFICE USE ONLY

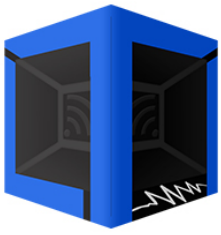
TRADE SUPPLIER REFERENCE

* Denotes Required Field

Information regarding your current trade suppliers.

*Company Name:		
Street Line 1:		
Street Line 2:		State/Province:
City:	Country:	ZIP/Postal Code:
*Contact Name:		*Phone#:
*Email:		*Fax#:
*Credit Limit:	*Current Payment Terms:	*Customer Since:

OFFICE USE ONLY



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TRADE SUPPLIER REFERENCE

* Denotes Required Field

Information regarding your current trade suppliers.

*Company Name:			
Street Line 1:			
Street Line 2:			State/Province:
City:	Country:	ZIP/Postal Code:	
*Contact Name:			*Phone#:
*Email:			*Fax#:
*Credit Limit:	*Current Payment Terms:		*Customer Since:

OFFICE USE ONLY

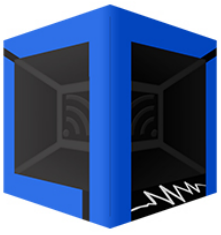
TRADE SUPPLIER REFERENCE

* Denotes Required Field

Information regarding your current trade suppliers.

*Company Name:			
Street Line 1:			
Street Line 2:			State/Province:
City:	Country:	ZIP/Postal Code:	
*Contact Name:			*Phone#:
*Email:			*Fax#:
*Credit Limit:	*Current Payment Terms:		*Customer Since:

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This form will signify appropriate authorized purchasers and the correct accounts payable contact. Having this form on file with Link Technologies, Inc. will promote professional relations. Please check the corresponding box(es)

*ACCOUNTS PAYABLE CONTACT

* Denotes Required Field

*Full Name:		
*Phone#:	*ext:	Fax#:
*Email:		

*AUTHORIZED PURCHASERS

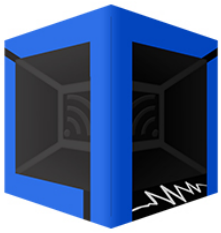
1	*Full Name:		Support <input type="checkbox"/> Hardware <input type="checkbox"/>	
	*Phone#:	*ext:		Fax#:
	*Email:			

2	*Full Name:		Support <input type="checkbox"/> Hardware <input type="checkbox"/>	
	*Phone#:	*ext:		Fax#:
	*Email:			

3	*Full Name:		Support <input type="checkbox"/> Hardware <input type="checkbox"/>	
	*Phone#:	*ext:		Fax#:
	*Email:			

4	*Full Name:		Support <input type="checkbox"/> Hardware <input type="checkbox"/>	
	*Phone#:	*ext:		Fax#:
	*Email:			

5	*Full Name:		Support <input type="checkbox"/> Hardware <input type="checkbox"/>	
	*Phone#:	*ext:		Fax#:
	*Email:			



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By signing this credit application I am acknowledging acceptance and agreement to the following statements listed below:

1. A \$50.00 non-refundable application processing fee will be charged to a credit card on file or other accepted payment form. If approved, a \$50.00 credit will be _____ applied to my account for future products or services.

2. The CREDIT APPLICATION will be processed through a 3rd approval agency Euler Hermes. I may be requested to send additional business financial information to Euler Hermes including but not limited to:
 - Balance Sheet
 - Profit & Loss Statement
 - Income Statement

3. I give permission to Link Technologies, Inc. and/or its representatives or staff to request and receive information required to verify credit history from Vendor Contacts/References. _____

4. I acknowledge that I have received a copy of the Link Technologies, Inc. Terms and Conditions. And will return a signed copy along with this CREDIT APPLICATION. _____

The following section of this form must be completed by an owner or the a corporate officer.

*Full Name (printed):		
*Position:		Date:

Authorized Signature: _____