

Information Technology Data Solutions, Inc.
322 N. John Young Parkway, Suite 4
Kissimmee, FL 34741
PHONE: 407-846-4636 FAX: 407-847-6782

CREDIT APPLICATION

Amount Requested_____ Terms Requested_____	Date_____
Company Name_____	Organizational Form
Trading As (DBA)_____	___Sole Proprietor
Address_____	___Partnership
City_____ State_____ Zip_____	___S-Corporation
Phone No. (_____)_____ Fax No.(_____)_____	Incorporation Date
Contact (Name/Title)_____	___Other_____
If Affiliate/Subsidiary, Indicate Parent Co. _____	
Address_____	Annual Sales
City_____ State_____ Zip_____	___\$101-250K
Phone No. (_____)_____ Fax No.(_____)_____	___\$251-500K
Ship to Address_____	___\$501-1000K
City_____ State_____ Zip_____	___\$1000K+
Federal Tax# _____	___\$10,000K+
Sellers Permit#_____	
Dun & Bradstreet# _____	
Principal Owner/Officer_____	
Home Address_____	
City_____ State_____ Zip_____	
Social Security No. _____ Home Phone(_____)_____	
Bank Reference (full address & phone numbers must be entered)	
Bank_____ Account#_____	Account Type
Address_____ Account#_____	___Checking
City_____ State_____ Zip_____	___Savings
Bank Officer Name_____ Phone N o. (_____)_____	___Other
Authorized Signature_____ Date_____	
Name (Please Print)_____ Date _____	

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BANK CREDIT REFERENCE—PLEASE RETURN A.S.A.P

TO: _____ Date: _____
_____ Account: _____

Dear Bank Officer:

I authorize you to release credit information about my account standing, credit line, and payment history to Information Technology Data Solutions Inc., to be used explicitly for the establishment of an open account and credit line. This information is to be kept within the strictest of confidence.

Signed _____
Name _____
Title _____
Company _____
Address _____

To Whom it May Concern:

The above customer has given your bank as a reference. Please supply us with the following information, and return this form to us A.S.A.P.

Date Account Opened _____ Average Balance Maintained _____

Line of Credit at their Disposal _____ Secured or Unsecured _____

High Credit _____ Amount Owing Now _____

Payment Habits/Comments _____

Authorized Signature for Release of Information _____

We assure you this information will be kept strictly confidential.

Sincerely,

Information Technology Data Solutions, Inc.
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TRADE REFERENCES (full address & phone numbers must be entered)

Name: _____ Type of Business _____

Address: _____ City _____ State _____ Zip _____

Phone (____) _____ Account# _____ Terms _____

Name: _____ Type of Business _____

Address: _____ City _____ State _____ Zip _____

Phone (____) _____ Account# _____ Terms _____

Name: _____ Type of Business _____

Address: _____ City _____ State _____ Zip _____

Phone (____) _____ Account# _____ Terms _____

Name: _____ Type of Business _____

Address: _____ City _____ State _____ Zip _____

Phone (____) _____ Account# _____ Terms _____

Name: _____ Type of Business _____

Address: _____ City _____ State _____ Zip _____

Phone (____) _____ Account# _____ Terms _____

Name: _____ Type of Business _____

Address: _____ City _____ State _____ Zip _____

Phone (____) _____ Account# _____ Terms _____

Authorized Signature _____ Date _____

Name (Please Print) _____ Date _____

Please enclose a copy of your company's latest FINANCIAL STATEMENT

Information Technology Data Solutions, Inc.
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SECURITY AGREEMENT AND MASTER SALES AGREEMENT

1. If buyer fails to pay as agreed, or otherwise defaults, Information Technology Data Solutions, Inc. may repossess the goods, and may enter onto private property to do so, and may enter any structure to do so. Buyer is obligated to assemble the goods. If the goods are repossessed, Information Technology Data Solutions, Inc. may exercise all rights of the State's Commercial Code or the similar statutes in any state where the goods are taken. Upon repossession, the Information Technology Data Solutions, Inc. may sell without notice and at private sale, to the greatest extent allowed by law, and may sell at any commercially reasonable manner.
2. Information Technology Data Solutions, Inc. has all rights under law. All rights are cumulative. If Information Technology Data Solutions, Inc. has to go to court to enforce this Agreement, the prevailing party shall recover reasonable attorney's fees. Suit can only be brought in the appropriate court in county and state. This Agreement is governed by state law.
3. Buyer will not assign or pledge the goods until payment is made in full. Any such assignment or pledge shall be void.
4. The terms and conditions of this Agreement apply to all sales made between the parties. The price, terms of payment, delivery information and all matters including warranty information places on the front or reverse of the invoice delivered by Information Technology Data Solutions, Inc. in connection with the sale shall be the terms of the sale. If no payment terms are specified, then the terms of payment are C.O.D. Time is of the essence. The terms of Information Technology Data Solutions, Inc.'s invoice and this Agreement shall take precedence over anything in Buyer's Purchase Order.

I /We agree to the above and state that all information in the credit application is true, and you have the right to check all credit sources, and the credit of any guarantors. If any information is false, then Information Technology Data Solutions, Inc. can declare all sums due and owing and exercise any rights to security.

Company

Signature and Title

Date

Personal Guarantee: For valuable consideration, I personally guarantee the payment of all Information Technology Data Solutions, Inc. invoices and full performance by my company. Information Technology Data Solutions, Inc. can compromise or settle with my company and still require me to pay. I waive all defenses of surety lay and agree to be primarily liable for all payments, including reasonable attorney's fees. I waive notice of dishonor, presentment and protest. This is a continuing guarantee which can only be terminated by written notice, and then only as to sales occurring after delivery of such notice.

Print Name

Signature