



## CREDIT APPLICATION FORM

### Company Information:

**Please fax to: (305) 418-7455**

Legal Business Name:	
Business Trade Name (DBA):	
Address:	
Address:	
City:	State/Province:
Zip/Postal Code:	Country:
Phone:	Fax:
Website:	Tax Exempt #: (Florida Corp)
Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other:	
Years at this address:	Years operating under business name:
Nature of Business:	Business Legal Registration #:
Terms Desired:	Credit Line Desired:
Number of employees in this company:	Estimated Monthly Purchases: \$
% of Sales to the following markets: (Total should equal 100%)	
<input type="checkbox"/> Small to Medium Size Business <input type="checkbox"/> Fortune 1000 <input type="checkbox"/> End-User <input type="checkbox"/> Government <input type="checkbox"/> Education	
A/P Contact Name:	Email:

### Principal Information (Owners, General Manager, President):

Name:		Title:	
Home Address:			
City:		State/Province:	
Postal Code:		Country:	
Home Phone:	Email:	%Participation:	
Passport #:	Issued by:	Date of Birth:	

Name:		Title:	
Home Address:			
City:		State/Province:	
Postal Code:		Country:	
Home Phone:	Email:	%Participation:	
Passport #:	Issued by:	Date of Birth:	

Name:		Title:	
Home Address:			
City:		State/Province:	
Postal Code:		Country:	
Home Phone:	Email:	%Participation:	
Passport #:	Issued by:	Date of Birth:	



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### Bank References:

Bank Name:		
Address:		
City:	State/Province:	
Postal Code:	Country:	
Phone:	Fax:	Contact Name
1 <sup>st</sup> Account #:	2 <sup>nd</sup> Account #:	

Bank Name:		
Address:		
City:	State/Province:	
Postal Code:	Country:	
Phone:	Fax:	Contact Name
1 <sup>st</sup> Account #:	2 <sup>nd</sup> Account #:	

### Commercial References:

Company Name:	Phone:
Address:	Fax:
City:	State/Province:
Postal Code:	Country:
Payment Terms:	Credit Limit:
Contact Name:	Account #:

Company Name:	Phone:
Address:	Fax:
City:	State/Province:
Postal Code:	Country:
Payment Terms:	Credit Limit:
Contact Name:	Account #:

Company Name:	Phone:
Address:	Fax:
City:	State/Province:
Postal Code:	Country:
Payment Terms:	Credit Limit:
Contact Name:	Account #:

**AUTHORIZATION:**

The undersigned authorizes release of all banking and credit information, both business and/or personal requested by Klatu, Inc. This form may be reproduced or photocopied and a faxed copy shall be as effective consent as the original, which I have signed.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Applicant submits this application and agreement to Klatu Inc. to obtain trade credit. Klatu Inc. reserves the right to decline credit to applicant and in the event credit is extended to applicant, to change or revoke applicant's credit limit from time to time on the basis of changes in Klatu Inc.'s credit policies or applicant's financial condition and/or payment record.

All sales of product and services by Klatu Inc. to applicant will be subject to Klatu Inc.'s standard sales terms and conditions as presented on the Klatu Inc.'s website: ([www.klatu.net](http://www.klatu.net)). Any variance from those terms and conditions will be effective only if agreed to in writing by Klatu Inc. prior to the time the product or services are ordered.

Customer agrees to make payment in full to Klatu Inc. for all amounts due according to Klatu Inc.'s invoice(s). Customer also agrees to pay Klatu, Inc., as interest, an amount equal to 1.5% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due.

Should customer default in any such payment(s), Klatu Inc. shall have the right, without notice to customer, to declare all invoice amounts due and payable. In the event Klatu Inc. should commence any action or actions, or otherwise seek to enforce this agreement against customer, customer agrees to pay reasonable attorney(s) fees, court costs and other expenses incurred by Klatu Inc., whether or not suit is filed.

This agreement is strictly confidential and is not transferable or assignable without prior written consent of Klatu Inc. Customer agrees that any change in liability for any debts incurred to Klatu Inc. due to a change in customer's form of business, shall not be effective as to Klatu Inc., until Klatu Inc. receives actual notice of the change by certified mail.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **IMPORTANT NOTE:**

It is our policy to require that a customer establish an Irrevocable Standby Letter of Credit in Klatu's favor, in order to obtain a line of credit. Please follow our Irrevocable Standby Letter of Credit Guidelines as presented on the fourth page of this credit application.

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### **IRREVOCABLE STANDBY LETTER OF CREDIT GUIDELINES**

Please arrange with your bank to provide Klatu with an Irrevocable Standby Letter of Credit containing the following terms and conditions:

1. Beneficiary: Klatu, Inc.  
8202 NW 14<sup>th</sup> Street  
Miami, FL 33126  
Attn: Credit Department  
Tel: (305) 592-6331 Fax: (305) 418-7455
2. Confirming Bank: Documentary Credit must be confirmed by a major U.S. Bank, preferably First Union National Bank. Their global network of correspondent banks allows us to accept letters of credit from over 3,000 banks in 130 countries. Please go to [www.klatu.net](http://www.klatu.net) to view a partial list of the suggested issuing banks listed by country.
3. Term: Minimum of six months (180 days)
4. Amount: US\$ \_\_\_\_\_ (*desired credit limit*). Credit Limits are established based on customer's creditworthiness, average monthly purchases as well as the Standby Letter of Credit amount.)
5. All charges/fees: Paid by the applicant

Special Instructions (to bank):

1. This Letter of Credit shall be automatically extended for an additional period of six months (180 days) from the present or each future expiration date unless I notify you in writing, not less than forty-five (45) days before such expiration date that I elect not to renew this Letter of Credit. You will send a notice of such election to Klatu, Inc. not less than thirty (30) days before the expiration date.
2. This Letter of credit shall be available for payment against the Beneficiary's drafts at sight drawn on the U.S. Confirming Bank accompanied by the following documents:
  - a. Invoice copy covering the actual purchase(s).
  - b. A statement signed by the authorized representative of Klatu, Inc. stating as follows: "We certify that the accompanying invoice(s) was/were presented to (customer name) \_\_\_\_\_, for payment and such invoice(s) was/were not paid when due, and the amount of the draft is not greater than the unpaid portion of the invoice(s)."
3. Partial drawings will be permitted.

This Letter of Credit will be subject to the Uniform Customs and Practice for Documentary Credits (1993 Revision, Publication No. 500 of the International Chamber of Commerce, Paris, France), insofar as they are applicable.