

OMERI Commercial Account Application (Applications must be printed or typed and completely filled out to ensure expedient processing. Please write **ABOVE** the lines)

For OMERI Use Only:

ID Code
EW approval: _____

Billing Information:

_____ Company Name		_____ Web Site Address		
_____ Street address	_____ Suite	_____ City	_____ State	_____ ZIP
_____ Billing address (if different from above)	_____ Suite	_____ City	_____ State	_____ ZIP
_____ Telephone	_____ Extension	_____ Business Fax	_____ Email	
_____ A/P contact	_____ President/Owner(s)		_____ Authorized Buyer(s)	

Business Information: (Check all that apply) **Corporation** **Sole proprietorship** **Other** Number of years in existence: _____

Number of employees Nature of your business

Financial Information

_____ Bank reference name (must be a depository checking account)		_____ Account number		
_____ Address		_____ Contact	_____ Telephone	
_____ Federal ID number/Social security number (required for approval)				

Commercial Account Credit References: Please identify three companies from which you currently receive credit.

_____ Business or Company	_____ Address, City, State, Zip	_____ Telephone/Extension
_____ Business or Company	_____ Address, City, State, Zip	_____ Telephone/Extension
_____ Business or Company	_____ Address, City, State, Zip	_____ Telephone/Extension

I/We certify that this information is complete and accurate. I/We agree to promptly notify, in writing, OMERI Administration of any additions or terminations of authorized user(s) status. I/We hereby give consent and authorize the named person(s) to place orders and understand that my firm is liable for payment of all charges incurred by the authorized user(s).

Signature & Title

Signatory must be the proprietor, a general partner, or a financial officer of the company with authority to enter into contractual agreements. To the best of my/our knowledge, all information provided is complete and accurate. I/WE AGREE TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH BELOW. I/We hereby authorize the bank reference listed to accept copies of this application to release all requested credit or financial information on my/our accounts.

_____ Signature (required)	_____ Print name and title (required)	_____ Date
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Terms and Conditions of the OMERI Commercial Account

You agree to allow OMERI to use the information provided herein to conduct a credit check, and you further agree to be bound by OMERI's terms of credit. The signer hereby gives permission to use any tools necessary to determine creditworthiness. You acknowledge that each charge constitutes a loan for business purposes to your firm by OMERI. You agree to pay for all purchases charged to the account. The invoice presented at the point of sale constitutes the official bill of sale. Payment is due 30 days from date of the invoice. Accounts with unpaid amounts over 30 days from the invoice date shall be considered delinquent. As to any delinquent account, you agree to pay interest. Accounts with unpaid amounts over 60 days from the invoice date shall be subject to a credit hold or be closed. In the event that payment is not made in a timely manner, you agree to pay all reasonable attorney's fees and court or other collection costs as permitted by law. OMERI reserves the right to assess a fee for returned checks to cover administrative costs and back charges. You may cancel the Commercial Account upon 30 days written notice to OMERI. You shall be responsible for any outstanding balances and any new charges incurred up to and including the effective date of cancellation. Your signed application signifies to these Terms and Conditions.