

Aztekcomputers.com

2910 Belmeade Dr Suite 116
Carrollton, TX 75006
Tel: 469-574-0240 Fax: 469-442-0606
www.aztekcomputers.com

Company Legal Business Name: _____

Information DBA Name: _____
Address: _____

City: _____ State: _____
Postal Code: _____ County: _____
Telephone: _____ Fax: _____
Accounts Payable Contact: _____

Sole Ownership: Corporation: Subsidiary/Division of: _____
General Partnership: Limited Partnership: Dun & Bradstreet # _____

Sales Tax Exemption # _____ *Please attach a copy of your Sales Tax Exemption Certificate

If in business less than three (3) years or if business is in other legal form, please provide social security number and address of President or person legally Responsible for all debts;

Name: _____ Social Security # _____
Address: _____

Company President: _____ Telephone: _____
Officers

V/P Finance: _____ Telephone: _____

Purchasing Agent: _____ Telephone: _____

Bank Bank: _____ Account # _____
References

Address: _____

Telephone: _____ Contact: _____

Credit Company: _____ Name: _____
References

Address: _____

Telephone: _____ Fax: _____

Company: _____ Name: _____

Address: _____

Telephone: _____ Fax: _____

I understand that the terms of the account and Aztek Systems, Inc. must receive that payment within the terms specified of shipment and receipt of a proper invoice, and if my account becomes past interest shall accrue at the rate of 1.0% per month.

Service / Late Charge

Timely payment by our customers is critical to our business, therefore 1% per month (12% per annual) of outstanding principal balance due shall be charged as late service fee. Unless specifically waived by Aztek Systems, Inc. Balance is considered delinquent after the five days of the term.

Liquidated Damages Clause

It is agreed that 1 1/2% per month (18% per annual) of outstanding principal balance due shall be assessed as liquidated damages plus reasonable attorney's fees should litigation be required. Personal Guarantee The undersigned hereby unconditionally guarantees to Aztek Systems, Inc. Its successors and assigns that each and all accounts receivable and amounts owing should be personally guaranteed.

_____ x _____

Corp. /company name signature of guarantor

X _____

Signature title print name* only for resellers

SALES TAX RULES AND REGULATIONS-RESALE CERTIFICATES

In compliance with sales and use tax laws it is necessary that we have from all of our customers a signed re-sale certificate, with their state sales tax permit number, to show that the merchandise has been purchased for re-sale.

The good faith of the seller will be questioned if he has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property as, for example, knowledge that a purchaser of particular merchandise is not engaged in the business of selling that kind of merchandise.

Under "description of property to be purchased" there may appear:

- (1) Either and itemized list of the particular property to be purchased for resale, or
- (2) A general description of the kind of property to be purchased for resale. Such certificate is good until revoked in writing.

Please insert your new sales tax permit number, with your signature and address on the attached re-sale certificate and return it to us at once.

(Name of purchaser)

(Address of purchaser)

I hereby certify: that I hold valid seller's permit no: _____

Issued pursuant to the sales and use tax law; that I am engaged in the business of selling _____

That the tangible personal property described herein which I shall purchase from: _____

Will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by sale and use tax law to report and pay tax, measured by the purchase price of such property. Description of property to be purchased:

Date: _____ 19 _____

Phone: () _____ (printed name of purchaser or authorized agent, and title)

(Signature of purchaser or authorized agent)

Aztek Systems, Inc.
 1516 S I 35E Suite 203
 Carrollton Texas 75006
 Tel: 469 574-0240 Fax: 469 442-0606

Bank account information release form

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Bank account number

Checking: _____

Saving: _____

Other: _____

It is understood that by signing this form the above-named company gives permission for its bank account information to be released by phone or in writing to Aztek Systems, Inc. for credit purposes. The signature below acts as releasing authority for bank account information.

Signature: _____

Title: _____ date: _____