

AMPTEC RESEARCH

10900 RESEARCH BLVD., Suite # 160C1, Austin TX USA 78759 TEL (512) 301-9333 FAX (512) 301-9303

APPLICATION FOR CREDIT

1) Applicant or Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Person to Contact In Accounts Payable: _____

Telephone Number and Extension: _____

2) General Information:

Salesperson: _____

Credit Line Requested: \$ _____

Number Of Years In Business: _____

Tax Exempt Status: _____ No _____ Yes _____ (Please attach Certificate for each state)

Dunns Number: _____

3) Type of Business: Corporation ___ Partnership ___ Individual ___

If Corporation: State of Incorporation: _____

Names of Corporate Executives:

a) President: _____

b) Vice-President: _____

c) Treasurer: _____

d) Secretary: _____

If Partnership: General ___ Limited ___

Name, Social Security Number Of Each Partner

a) _____

b) _____

c) _____

d) _____

If Individual:

Social Security Number: _____

Drivers License Number and State: _____

4) Trade References:

| | |
|-----------------------|-----------------------|
| Company Name: _____ | Company Name: _____ |
| Address: _____ | Address: _____ |
| Contact: _____ | Contact: _____ |
| Account Number: _____ | Account Number: _____ |
| Phone Number: _____ | Phone Number: _____ |
| Fax Number: _____ | Fax Number: _____ |

| | |
|-----------------------|-----------------------|
| Company Name: _____ | Company Name: _____ |
| Address: _____ | Address: _____ |
| Contact: _____ | Contact: _____ |
| Account Number: _____ | Account Number: _____ |
| Phone Number: _____ | Phone Number: _____ |
| Fax Number: _____ | Fax Number: _____ |

5) Bank References:

| | |
|-----------------------|------------------------|
| Bank Name: _____ | Contact: _____ |
| Address: _____ | Phone: _____ |
| Account Number: _____ | Type of Account: _____ |
| Account Number: _____ | Type of Account: _____ |

I/We hereby certify that all the information on this form is true and correct.

I/We, the undersigned, hereby agree, individually/jointly & severally, to pay AMPTEC RESEARCH Inc.

a) all amounts due within 30 days from the invoice date.

b) to pay an additional finance charge of 1.5% per month (18% per year) after said 30 days.

c) all attorney fees incurred to collect monies past due.

| | | |
|--------------------|----------------|----------------|
| _____ Signature | _____ Title | _____ Date: |
|--------------------|----------------|----------------|

| | | |
|--------------------|----------------|----------------|
| _____ Signature | _____ Title | _____ Date: |
|--------------------|----------------|----------------|

| | | |
|--------------------|----------------|----------------|
| _____ Signature | _____ Title | _____ Date: |
|--------------------|----------------|----------------|

Signature of individual Guarantor (1)

Signature Of Individual Guarantor (2)

Authorization To Release Bank Information

I hereby authorize the full release of all Bank information to AMPTEC RESEARCH, Inc. for the sole purpose of establishing an open line of credit.

Name Of Company/Individual

Signature

Corporate Title

Date