



R.F. Systems, Inc.

10956 Ammons St.
 Westminster, CO 80021
 Phone: 303-981-5017
 Fax: 303-410-0003

Applicant Name	Phone
DBA/Fictious Name	Fax
Billing Address:	Shipping Address:
City/State/Zip	City/State/Zip

Company Information

Please check all that apply: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			
Name of Principle:	Title:	Date Established:	Number of Employees
Name of Principle:	Title:	Branch or Division of:	
Name of Principle:	Title:	Annual Gross Sales:	\$ _____
Controller:		Credit Line Desired:	\$ _____
A/P Manager:	Phone:	Retail Sales Licence No.:	
Electronics Purchasing Manager:	Title:		
Other Authorized Buyer:	Title:	Trade Organizations you are members of:	

Bank Reference

Name of Bank:	Acct. No:	Date Opened	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Address:	Phone:	Acct. No:	Date Opened <input type="checkbox"/> Checking <input type="checkbox"/> Savings
City/State/Zip	Contact		

FOR THE EXTENSION OF CREDIT and/or in consideration of Applicant(s) above entering into this agreement with R.F. Systems, Inc. for the purchases of merchandise, and/or other transactions, the undersigned Guarantor(s) jointly and severally, absolutely and unconditionally, personally and continually guarantee the prompt payment for all indebtedness incurred by or on behalf of the Applicant(s), its heirs, successors, or assigns. Guarantor(s) agrees that R.F. Systems may, at any time, without notice, proceed separately against the Applicant(s) and against the Guarantor(s), change the obligations of the Applicant(s), which include payment of all costs incurred in the enforcement of this agreement, attorney's fees, whether suit is brought or not, and monthly past due charges of 1 1/2% of outstanding balance. The undersigned specifically waive the provision of any law which would require that R.F. Systems first proceed against the above-named Applicant(s), or notice of nonperformance, or acceptance of the Guarantee agreement. The bankruptcy of the Applicant(s) shall not discharge the undersigned from the liabilities above detailed.

TO BE SIGNED ONLY BY THOSE IN A POSITION TO GUARANTEE THE PERFORMANCE OF THE APPLICANT COMPANY

Signature	Print/Type Name
Residence Street Address	Phone
City/State/Zip	Social Security Number

Signature	Print/Type Name
Residence Street Address	Phone
City/State/Zip	Social Security Number

Trade References

Please include fax numbers for all references to ensure prompt processing.

Name:	Acct #
Address:	
City/State/Zip	
Phone	Fax

Name:	Acct #
Address:	
City/State/Zip	
Phone	Fax

Name:	Acct #
Address:	
City/State/Zip	
Phone	Fax

Name:	Acct #
Address:	
City/State/Zip	
Phone	Fax

Name:	Acct #
Address:	
City/State/Zip	
Phone	Fax