



Credit Application
7697 Sitio Algodon
Carlsbad, CA 92009

Toll Free: 1-877-774-7553
Phone: 858-312-1209
Fax: 760-942-1940

Company Information:

Complete Business Name:		Date of Company Establishment:	
Phone:		Incorporated In:	
Fax:		Principles(s):	
Street Address:		Accounts Payable:	
Zip Code:		Purchasing:	
Country:		Reseller Number:	
Describe Your Business:		Number of Employees:	
		Type Of Company:	
		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	

Bank Information:

Your Borrowing Bank:		Your Deposit Bank:	
City/State:		City/State:	
Phone:		Phone:	
Fax:		Fax:	
Account Number:		Account Number:	
Contact:		Contact:	

Vendor References:

Vendor Name:		Vendor Name:	
City/State:		City/State:	
Phone:		Phone:	
Fax:		Fax:	
Contact Person:		Contact Person:	
Credit Limit:		Credit Limit:	

Vendor Name:		Vendor Name:	
City/State:		City/State:	
Phone:		Phone:	
Fax:		Fax:	
Contact Person:		Contact Person:	
Credit Limit:		Credit Limit:	



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Other Information:

Your Annual Sales Volume:	
Amount of Credit Requesting:	
Business Year end(Month):	
Will you provide a financial statement? Please Circle One.	Yes No

ON APPROVAL OF CREDIT, I/WE AGREE TO PAY IN FULL AND IN ACCORDANCE WITH THE TERMS OF PAYMENT INDICATED BY **STORAGE MEDIA GROUP, INC. IF PAYMENT IS NO MADE IN ACCORDANCE WITH STATED TERMS, I/WE AGREE TO PAY ALL ATTORNEY FEES, COLLECTIONS FEES, OR COURT COSTS INVOLVED IN THE COLLECTION OF ANY AND ALL OUTSTANDING PURCHASES.** I/WE AUTHORIZE MY/OUR BANK AND TRADE REFERENCES TO RELEASE CREDIT AND FINANCIAL INFORMATION TO STORAGE MEDIA GROUP, INC.

Authorized Signature: _____ Today's Date: _____

Print Name: _____ Your Position: _____

NOTE TO RESELLERS:

Special order items are non-refundable. All returns must be made within 30 days of sale and are subject to a 15% restocking charge. Defective returns will be accepted within 30 days of sale and must have prior approval. Invoice number must be provided when requesting an RMN. Any dispute regarding quantity of price must be reported to us within 72 hours of receipt of goods. No claims will be honored after that time. Statements or description of products, if any, by **Storage Media Group, Inc.** or agents of **Storage Media Group, Inc.** are informational only, and not made or given as a warranty of any kind. **Storage Media**

Group, Inc. sells products without any express or implied warranties of any type and particularly without any implied warranty of merchantability or non-infringement. In the event of any product defect or nonconformity, purchaser's sole remedy shall be the repair or replacement of nonconforming goods or, at **Storage Media Group, Inc.** option, a refund of the purchase price and purchaser shall not be entitled to any incidental, consequential, or special damages of any kind. Customer also agrees to pay such attorney's fees and costs as are actually incurred for the collection of this amount whether or not suit is instituted. A service charge of 1-1/2% per month, 18% per annum will be assessed on past due amounts.



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RESALE CERTIFICATE

(Name of Purchaser)

(Address of Purchaser)

I HEREBY CERTIFY I HOLD A RESELLER'S PERMIT

WITH THE NUMBER OF: _____

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
Storage Media Group, Inc. will be resold by me in the form of tangible personal
property; provided, however, that in the event any 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 the sales and
use law to report any pay tax, measured by the purchase price of such property.

Description of property to be purchased:

Date: _____

Phone: () _____ - _____

Signature of Purchaser or Authorized Agent

Print Name of Purchaser or Authorized Agent