

3916 Gattis School Road
Suite 108
Round Rock, TX 78664



Credit Application/Agreement

Please Print or Type all information, sign, and return.
This application must be completed in full in order to be processed.

Legal Business Name: _____ DBA: _____

Telephone: _____ Fax: _____ Email: _____

Physical Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____ Web Site: _____

Billing Information:

Accounts Payable Contact Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Business Structure: [] Corporation [] State-Incorporated [] LLC [] Partnership [] Sole Proprietor [] _____

Business Type: [] End User [] Resaler/Rebuilder [] 3rd Party Service Provider [] Manufacturer [] Distributor

Federal ID#: _____ Dun and Bradstreet #: _____ Resale #: _____

Brief Explanation of Business: _____

Year Business Established: _____ Number of Employees: _____ Annual Sales: \$ _____

Credit Limit Requested: \$ _____ Anticipated Dollar Purchase per Month: \$ _____

Terms Requested: [] NET 30 [] NET 15 [] COD [] Other _____

President/Owner: _____ Telephone #/ext: _____

VP Finance/CFO: _____ Telephone #/ext: _____

Purchasing Manager: _____ Telephone #/ext: _____

Business Unit Contact: _____ Telephone #/ext: _____

Banking Information:

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Account Officer: _____ Checking Acct #: _____ Savings Acct #: _____

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Trade References: (United States Companies Preferred)

Please provide the full address with zip code, and include account and fax numbers.

Name: _____ Phone: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____ Acct. #: _____

Number of Years Doing Business with this Company: _____

Name: _____ Phone: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____ Acct. #: _____

Number of Years Doing Business with this Company: _____

Name: _____ Phone: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____ Acct. #: _____

Number of Years Doing Business with this Company: _____

By signing this Credit Application, the authorized individual on behalf of the Buyer, individually and personally, represents and warrants to Odyssey Technical Solutions that:

- 1) he/she is authorized to execute this Application on behalf of Buyer;
- 2) the information set forth is accurate and complete;
- 3) Buyer is solvent and pays its obligations as they become due;
- 4) Buyer agrees that the prevailing party in any proceeding to enforce this Application will be entitled to recover its costs, including attorneys' fees and collection agency fees, from the other party; and
- 5) any legal action brought by Buyer will be in the jurisdiction of Texas, and Buyer hereby submits to the jurisdiction of said courts. The laws of the State of Texas will apply.

Buyer agrees to pay a one-time penalty assessment of 10% on all past due payments. Additionally, any payments more than 90 days after the payment due date will begin accruing additional late payment penalties at the rate of 1.5% per month (18% per annum). Such penalties will accrue as of the due date of each invoice.

In signing this Application, Buyer agrees to all of the above and hereby grants permission for credit information to be verified by company(ies) and financial institution(s) that the Buyer has specified on this document and others that Odyssey Technical Solutions becomes aware of during the credit review process and from time to time. The undersigned also understands that Odyssey Technical Solutions will retain this Application, whether or not it is approved, and will consider this Application as a continuing statement of the undersigned's financial position and situation until notified otherwise by the Buyer.

The preceding representation and warranty will be deemed to be repeated in each purchase by Buyer. Faxed documents will be deemed as original. No oral agreements will be accepted. The terms on this credit application/agreement overrides all others.

Authorized Signature:	Title:
Printed Name:	Date:

Please Return the completed document by: Email to Sales@odysseyrf.com OR Fax to 512-989-8118 OR Mail to ATTN: SALES at the address shown above.