



655 Leffingwell Avenue  
Saint Louis, MO 63122  
(314) 856-4000 (314) 856-4098 FAX

## APPLICATION FOR CREDIT

*All pages must be completed for consideration*

Dear Valued Business Partner:

Thank you for interest in becoming a business partner with 4 All Memory. We look forward to doing business with you and your company and appreciate you taking the time to complete our application for credit, net terms.

Should you need assistance or have any questions, please call us toll free at 1-800-566-3727 or locally at 314-856-4002.

We've provided an easy-to-use check list below on how to apply for terms with 4 All Memory. Please make sure to check off and complete all required areas ([see check list](#)) to avoid delays in processing your application.

Once you are ready to send us all required documents as stated, please mail to:

**4 All Memory**  
655 Leffingwell Avenue  
St. Louis, MO 63122  
Attn: **New Account Executive Team**

Or fax us a legible photocopy to **314-856-4098 Attn: New Account Executive Team**

**(Please note, this direct fax number is a dedicated secure line)**

We look forward to serving you.

**4 All Memory**  
A Way Technology Company

### **HOW TO APPLY FOR TERMS WITH 4 ALL MEMORY**

- Please read and complete the Customer Registration Form
  - *If the New Account Representative does not receive all the information required, your account setup will be delayed.*
- Please allow 2 to 3 days for your account to be setup.
- First time orders **must** be paid by credit card, 4 All Memory accepts all major credit cards.
- 4 All Memory will require the following form(s) to process your request:

### **CHECK LIST: For All Accounts, the following are required:**

- Fully completed, dated and signed new Customer Registration Form
- Copy of Tax Exemption Certificate
- Photocopy of Voided Company Check
- Legible Photocopy of Applicant's Credit Card Displaying Name and Signature
- Legible Photocopy of Applicant's Drivers License

### **CHECK LIST: For Net 30 Applicants, the following are also required:**

- Company must have a minimum of 1 year in business
- Two trade references each with a credit limit equal to what you are requesting from us
- Satisfactory bank reference



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### CUSTOMER REGISTRATION FORM

#### BUSINESS INFORMATION

<b>Legal Business Name</b> (as it appears on business license)	<b>Have you ever done business with 4AllMemory?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, under what name? _____		
<b>Business Trade Name – DBA</b> (Required if using a DBA name)	<b>Date Business Established</b>	<b>Fed Tax ID #</b>	<b>Business Website Address</b>
<b>Business Street Address</b> (Must be actual location of business. No P.O. Boxes)	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Billing Address</b> (if different)	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Shipping Street Address</b> ( <input type="checkbox"/> Check box if same as business street address)	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Main Authorized Purchaser</b>	<b>Email Address</b>		<b>Phone Number</b>
<b>Authorized Purchaser</b>	<b>Email Address</b>		<b>Phone Number</b>
<b>Authorized Purchaser</b>	<b>Email Address</b>		<b>Phone Number</b>
<b>Authorized Purchaser</b>	<b>Email Address</b>		<b>Phone Number</b>
<b>(This Company is: check one)</b> <input type="checkbox"/> Public, Stock Symbol _____ <i>If subsidiary of Public Co. Parent Co. Name: _____</i> <input type="checkbox"/> Private <b>D &amp; B #</b> (If Known): _____ <b>Our company is a</b> (please check one): <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership If you are an C-Corp or S-Corp, please list the State of Incorporation: _____			

#### TERMS

<b>Terms Requested:</b> *please choose your preferred method of payment. Regardless of payment terms selected, application processing will not be delayed.	<b>Credit Limited Amount Requested:</b> \$ _____
	<input type="checkbox"/> <b>Net Terms</b> (will require 4AllMemory review and approval – 1 <sup>st</sup> time orders are on credit card only) <input type="checkbox"/> <b>Credit Card</b> (Visa, MasterCard, Discover or American Express)



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### EXPORTING INFORMATION

<b>Do you anticipate exporting any of the products you will be purchasing from 4AllMemory?</b>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>IF YES, please list all the individual countries you anticipate exporting to below, 1 being most exports</i>					
1)	2)	3)	4)		
5)	6)	7)	8)		

### BANK INFORMATION

<b>Bank Name</b>		<b>Account Officer Name</b> (if known)		
<b>Bank Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Checking Account #</b>		<b>Savings Account #</b>		
<b>Bank Telephone Number:</b>		<b>Bank Fax Number</b> (if known)		
<b>Do you have a line of credit with your Bank</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, Line of Credit Account #</b>		

### TRADE INFORMATION

<b>1: Company Name</b>	<b>2: Company Name</b>
<b>Company Address</b>	<b>Company Address</b>
<b>Company Phone #</b>	<b>Company Phone #</b>
<b>Company Fax #</b>	<b>Company Fax #</b>
<b>Account Number</b>	<b>Account Number</b>
<b>Contact Name</b>	<b>Contact Name</b>

### GENERAL INFORMATION

<b>Number of employees:</b>		<b>Number of Offices:</b>	
Indicate your company's total annual purchases through distribution channels such as 4AllMemory:			
What is the estimated amount of monthly sales volume you anticipate ordering through 4AllMemory?			



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**CREDIT CARD** (For Companies requesting credit card terms or **Companies requesting Net terms for first time orders**)

<b>Company Name:</b>	<b>Card Holder's Name</b> (as shown on statement)
<b>City, State &amp; Zip:</b> (as shown on statement)	
<b>Phone Number:</b>	<b>Fax Number:</b>
<b>Credit Card</b> (check type) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
<b>Credit Card Number:</b>	
<b>Credit Card Expiration Date:</b>	<b>3-Digit CVV # on Back of Card:</b>
<b>Name of the Bank Issuing Credit Card:</b>	<b>Issuing Bank's Toll Free Number:</b>

Applicants signature attest financial responsibility, ability, and willingness to pay invoices in accordance with the agreed upon terms. The undersigned agrees to pay all penalties/service charges, reasonable attorney/court fees incurred in the collection of their past due account, at the maximum allowed by law. The above information is for the purpose of obtaining credit and it is warranted to be true under penalty of perjury. I/We hereby authorize 4 All Memory to investigate the references pertaining to my/our credit and financial responsibility.

\_\_\_\_\_  
**Owner / Partner / Corporate Officer Name – Please Print** (required)      **Title:** (required)

\_\_\_\_\_  
**Owner / Partner / Corporate Officer Name – Signature** (required)      As of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_