



151 Boman Street
 Barrigada, GU 96913-1426
 Phone (671) 649-1530
 Fax (671) 649-1540
 www.idiguam.com
 info@idiguam.com

International Distributors, Inc.

CREDIT APPLICATION

Company Name: _____
 Doing Business As: _____
 Mailing Address: _____
 Telephone: _____ Fax: _____
 Email: _____

Dear Applicant:

A copy of your business license and the information requested on the following pages is required to establish an account with our company. This does not necessarily entitle you to immediate credit. After verification and review of your references, our Accounting department will inform you if you have been declined or approved for credit with International Distributors, Inc.

If you have any questions regarding your account, please contact our Accounting Department at (671) 649-1530 or by fax at (671) 649-1612.

Si Yu'os Ma'åse' and thank you for choosing us as your partner in business.

CREDIT POLICY STATEMENT

1. Payment is due by the 15th of the month following the date of purchase. If payment is not made by the due date, your account status may change to C.O.D at any time without notice.
2. A finance charge of 2% per month (24% APR) is automatically added to all past due balances.
3. If a check is returned by the bank for any reason, a \$50.00 service fee will be charged. A third submission of "Non-Sufficient Funds" checks could result in the account being placed on "Cash Only" status.
4. In the event International Distributors, Inc. deems it necessary to place your account with a collection agency and/or attorney for collection of past due amounts, you will be financially responsible for all associated court costs and collection/attorney fees.

By signing below, I acknowledge and agree to the terms of the Credit Policy Statement should my application for credit be approved.

 Authorized Signature

 Authorized Signature

 Print Name & Title

 Print Name & Title

 Date

 Date



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COMPANY INFORMATION		
Corporate Business Name:		Date Formed:
Doing Business As:		EIN:
Physical Address:		
Mailing Address:		
Telephone Number:	Fax Number:	E-Mail Address:
Type of Business:	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> Other
ACCOUNTING INFORMATION		
Accounts Payable Contact:		Title:
Address where payments will be made:		E-Mail Address:
Telephone Number:		Fax Number:
BUSINESS OWNER(S), PARTNERS, CORPORATE OFFICERS OR KEY EMPLOYEES		
Name:	Title:	% Ownership:
Home Address:		E-Mail Address:
Home Telephone Number:		Fax Number:
Social Security Number:		Driver's License Number & State:
Name:	Title:	% Ownership:
Home Address:		E-Mail Address:
Home Telephone Number:		Fax Number:
Social Security Number:		Driver's License Number & State:
Name:	Title:	% Ownership:
Home Address:		E-Mail Address:
Home Telephone Number:		Fax Number:
Social Security Number:		Driver's License Number & State:
Name:	Title:	% Ownership:
Home Address:		E-Mail Address:
Home Telephone Number:		Fax Number:
Social Security Number:		Driver's License Number & State:



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BANK REFERENCES		
Primary Bank Name:		Bank Officer or Contact:
Physical Address:		Mailing Address:
Telephone Number:		Fax Number:
Checking Account Number:	Savings Account Number:	Loan or Line of Credit Number:
Second Bank Name:		Bank Officer or Contact:
Physical Address:		Mailing Address:
Telephone Number:		Fax Number:
Checking Account Number:	Savings Account Number:	Loan or Line of Credit Number:

The undersigned is hereby applying for credit with International Distributors, Inc. (IDI). The applicant understands that the information furnished in this application will form the basis for credit extension and, accordingly, warrants that the information is true and correct. If credit is granted, the undersigned agrees to abide by the terms and conditions set forth by IDI for payment. Unless otherwise agreed, terms of payment shall be NET 30. The undersigned agrees to pay a service charge of \$50.00 for any checks returned unpaid by our bank for any reason. Should legal action be taken to secure payment for merchandise received, the undersigned will be liable for all expenses, including reasonable attorney's fees, court costs and collection costs incurred by IDI. The undersigned agrees the venue of any legal action shall be in the City of Tamuning, State of Guam and that any such action shall be governed by the laws of the State of Guam.

This information is given in confidence for the sole purpose of establishing credit with International Distributors, Inc. (IDI). Authorization is hereby given to make inquiry of all trade and financial sources which are deemed to be necessary or desirable by IDI to properly evaluate this application.

Agreed & Accepted By Authorized Signature

Date

Print Name & Title

PERSONAL GUARANTY

For and in consideration of International Distributors, Inc. (IDI) extending and/or having extended credit to _____ (hereinafter referred to as "Purchaser"), I/We the undersigned, jointly and severally, do personally and irrevocably guarantee the payment of any debt which now, or at any time hereafter, may be owed by the Purchaser and/or its agents to IDI. This guarantee is continuing and expressly includes obligations of Purchaser, which may be incurred in the future without notice to the undersigned. The undersigned hereby waive notice of non-payment and consent to any modification or renewal of the obligation(s) hereby guaranteed, and further waive any right to require IDI to proceed against Purchaser or pursue any other remedy whatsoever. I/We agree that in the event of any default at any time by the Purchaser, IDI shall be entitled to look to me/us immediately for full payment without prior demand or notice. This agreement shall be governed by the laws of the State of Guam. I/We hereby agree the venue hereafter on any action brought to enforce the provisions of this guaranty shall be in the City of Tamuning, State of Guam. In the event action is brought hereunder, I/We agree to pay, in addition to all other sums ordered, all costs of collection including attorney's fees incurred.

 Signature

 Date

 Signature

 Date

 Print Name & Title

 Print Name & Title



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International Distributors, Inc.

(TO BE FILLED OUT BY APPLICANT)

Trade Reference Name: _____

Accounts Receivable Contact: _____

Telephone Number: _____ **Fax Number:** _____

Email: _____

AUTHORIZATION TO RELEASE CREDIT INFORMATION		
_____ (Applicant Name)	hereby irrevocably authorize and requests	
_____ (Trade Reference Name)	to release to International Distributors, Inc. such	
credit and/or financial information concerning applicant as it may from time to time request. Applicant also irrevocably authorizes International Distributors, Inc. to release to any person or firm requesting the same, a credit report indicating applicant's performance with regards to any credit extended to it by International Distributors, Inc. A photocopy or facsimile of this authorization shall be valid for all purposes as the original.		
_____ Applicant's Signature	_____ Print Name & Title	_____ Date

(TO BE FILLED OUT BY REFERENCE)

Dear Sir or Madam:

The above reference firm is seeking to establish an open line of credit with International Distributors Inc. (IDI) and has provided your name as a credit reference. We are asking for your assistance in assessing their credit worthiness by providing, in confidence, the following information:

Number of Years Sold: _____

Date of Last Sale: _____

Your Credit Terms: _____

Highest Recent Credit: _____

Amount Currently Past Due: _____

- Payment Habits (please check one):**
- Prompt Payment (well established - no credit problems)
 - Satisfactory Payment (good account, but some difficulty)
 - Slow Payment (watch carefully)
 - Unsatisfactory Payment History (recommend C.O.D)

Additional Comments:

Certifying Signature
Print Name & Title
Date

Your immediate response to this inquiry is much appreciated. Please fax to 649-1612 ATTN: Human Resources



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(TO BE FILLED OUT BY APPLICANT)

Trade Reference Name: _____

Accounts Receivable Contact: _____

Telephone Number: _____ Fax Number: _____

Email: _____

AUTHORIZATION TO RELEASE CREDIT INFORMATION		
_____ hereby irrevocably authorize and requests		
(Applicant Name)		
_____ to release to International Distributors, Inc. such		
(Trade Reference Name)		
credit and/or financial information concerning applicant as it may from time to time request. Applicant also irrevocably authorizes International Distributors, Inc. to release to any person or firm requesting the same, a credit report indicating applicant's performance with regards to any credit extended to it by International Distributors, Inc. A photocopy or facsimile of this authorization shall be valid for all purposes as the original.		
_____	_____	_____
Applicant's Signature	Print Name & Title	Date

(TO BE FILLED OUT BY REFERENCE)

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Additional Comments:

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