

Customer Application



Proclaim VoIP

2006 Airport Blvd
Mobile AL 36606
(866)716-8332

ACCOUNT STATUS: NEW ACCOUNT EXISTING ACCOUNT ACCOUNT #:

APPLICATION FOR: INCREASE CREDIT PROCESS FOR TERMS CREDIT CARD

Principal Contact's Name: _____

Principal Contact's E-Mail Address: _____

Legal Name of Firm: _____

Subsidiary of: _____

DBA: _____

Federal ID #: _____

Street Address: _____ (Do not use P.O. Box #)

State Tax Exempt #: _____

City/State: _____ Zip: _____

Month/Year Established: ____/____ Credit Desired: \$ _____

Phone #: _____ Fax #: _____

Projected Annual Volume: \$ _____

Invoicing Email Address: _____

TYPE OF BUSINESS:

- DMR E-Commerce Corporate Reseller Retail Value-Added Reseller Sub-Distributor OEM Consultants

Number of Employees: _____

ORGANIZATION IS: CORPORATION LLC PROPRIETORSHIP PARTNERSHIP

OWNERSHIP IS: PRIVATELY HELD PUBLICLY TRADED (TICKER SYMBOL: _____) DUNS # _____

Has this firm/any of its Principals ever filed for bankruptcy? No Yes If Yes, please attach explanation.

PRINCIPAL STOCKHOLDERS, OWNERS, PARTNERS OR MEMBERS (DEFINED AS 20% OR MORE OWNERSHIP INTEREST):

1. Name: _____

2. Name: _____

Social Security #: _____

Social Security #: _____

Home Street Address: _____

Home Street Address: _____

City/State: _____ Zip: _____

City/State: _____ Zip: _____

Phone #: _____

Phone #: _____

BANK REFERENCES:

1. Name: _____

2. Name: _____

Street Address: _____

Street Address: _____

City/State: _____ Zip: _____

City/State: _____ Zip: _____

Phone #: _____ Fax #: _____

Phone #: _____ Fax #: _____

Checking #: _____ Savings #: _____

Checking #: _____ Savings #: _____

Personal Banker Name: _____ Phone #: _____

Personal Banker Name: _____ Phone #: _____

INDUSTRY RELATED TRADE AND CREDIT REFERENCES: (COMPLETE vendor information must be provided)

1. Vendor Name: _____

3. Vendor Name: _____

Account #: _____

Account #: _____

Street Address: _____

Street Address: _____

City/State: _____ Zip: _____

City/State: _____ Zip: _____

Phone #: _____ Fax #: _____

Phone #: _____ Fax #: _____

2. Vendor Name: _____

4. Vendor Name: _____

Account #: _____

Account #: _____

Street Address: _____

Street Address: _____

City/State: _____ Zip: _____

City/State: _____ Zip: _____

Phone #: _____ Fax #: _____

Phone #: _____ Fax #: _____

Customer Application



Company Name: _____ American Express #: _____ Exp. Date: _____
Cardholder Name: _____ Visa Card #: _____ Exp. Date: _____
Billing Address: _____ Master Card #: _____ Exp. Date: _____
_____ Zip: _____ Discover Card #: _____ Exp. Date: _____
Phone #: _____ Social Security #: _____
Card Holder's Signature _____ Driver's License #: _____

Where did you hear about Proclaim? _____
Have you or your company ever purchased from us before? _____ Comments _____

PURCHASING INFORMATION:

Does your company employ a purchase order number system? _____ No Yes If Yes: Verbal Written
List all persons authorized to make purchases: _____
Billing Name: _____ Shipping Name: _____
Billing Address: _____ Shipping Address: _____
City/State: _____ Zip: _____ City/State: _____ Zip: _____
Phone #: _____ Phone #: _____

INDIVIDUAL PERSONAL GUARANTEE:

I, _____, residing at _____
(Home Address) for good and valuable consideration, including Proclaim VoIP LLC extending credit at my request, which I hereby acknowledge as having been received by _____ (Your Company Name) (hereinafter referred to as the "Company"), hereby personally guarantee the payment to Proclaim VoIP LLC of any obligation and indebtedness of the Company, and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice hereof and to jury trial and consent to all renewals and modifications of the credit agreement hereby guaranteed. The guarantor grants permission to Proclaim VoIP LLC to obtain information from any and all sources to properly ascertain the guarantor's ability to meet its financial obligations.

GUARANTOR: _____ WITNESS: _____ DATE: _____
Print Name: _____ Print Name: _____

Please attach personal financial statement and tax return of the guarantor.

This application has been executed by an authorized agent of the Customer and hereby grants permission to Proclaim VoIP LLC to obtain information from any and all sources required to properly ascertain the customer's capability to meet its financial obligations. This credit application and agreement is submitted by Customer to Proclaim VoIP LLC in order to obtain trade credit and shall remain our property once received. Customer agrees to make payment in full to Proclaim VoIP LLC for all amounts due according to Proclaim VoIP LLC invoice on or before net due date. Customer also agrees to pay interest on all amounts that are past due. Interest can be charged monthly at 1.5%. If Customer should default in any payment(s), Proclaim VoIP LLC has reserved the right to declare all invoice amounts due and payable without notice to Customer.
Additionally, Customer will be responsible for all collection costs and attorney fees, whether suit is filed or not, in order to collect any delinquent amount. Customer also agrees to provide Proclaim VoIP LLC with updated credit information on request and to provide annual financial statements to Proclaim VoIP LLC as a condition for the continued extension of credit. The undersigned certifies that all the information contained herein is true and correct to the best of his/her information, knowledge and belief. For all purchases and transactions, customer agrees to adhere to service policies and the Terms and Conditions of Sales established by Proclaim VoIP LLC which may be revised from time to time.

COMPANY NAME: _____
AUTHORIZED AGENT'S SIGNATURE: _____ TITLE: _____ DATE: _____
Print Name: _____