



SUNUS SUNTEK INTERNATIONAL CORP.

46045 WARM SPRINGS BLVD, FREMONT, CA 94539

TEL : (510) 226-8168 FAX : (510) 226-9168

CREDIT APPLICATION AND AGREEMENT

(Please enclose a copy of void company check, thank you.)

Full Company Name: _____

Street Address: _____ City _____ State _____ Zip _____

Billing Address: _____ City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____ A/P Contact: _____

Years in Business: _____ No. of Employees: _____ Annual Sales Volume: _____

Federal ID #: _____ Resale #: _____ State: _____

Type of Business: _____

Ownership: Proprietorship Partnership Corporation, Incorporated in _____ Date: _____

Name and address of parent company if subsidiary: _____

List all assumed names in the past 6 years: _____

Have business/officers filed bankruptcy within past 7 years? Yes No

Company officers, partners or owners responsible for business transactions: (Soc. Sec. # REQUIRED)

Name Position Soc. Sec. # Home Address & Phone #

Bank References: Name and Address Contact Name Account # Phone #

Trade References: Name and Address Contact Name Account # Phone #

Mortgage Holder/Landlord: Name and Address Contact Name Account # Phone #

Your current financial statements should accompany this application.

The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. You are authorized to investigate the credit and bank references listed above.

The undersigned agrees to pay any collection costs incurred to collect the amount, including reasonable attorney's fees. In the event it fails to pay any balance when due, the undersigned agrees to pay a late charge of 1 1/2 % per month or 18% per annum until account is paid in full. The undersigned also agrees that all sales by Sunus Suntek are governed exclusively by the terms and conditions stated on Sunus Suntek invoice.

Signature: X _____ Driver's License # _____ State _____

Print Name and Title _____ Date _____

PERSONAL GUARANTEE

In consideration of credit being extended by SUNUS SUNTEK at 46045 Warm Springs Blvd, Fremont, California to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to SUNUS SUNTEK the faithful payment, when due, of all accounts of said applicant for purchases made within five years next after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by SUNUS SUNTEK extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Any revocation of this guarantee shall be in writing and delivered to SUNUS SUNTEK at Fremont, California.

Guarantor #1 signed: _____ Social Security #: _____

Print Name: _____

Address: _____

Guarantor #2 signed: _____ Social Security #: _____

Print Name: _____

Address: _____

PLEASE REMIT TO: SUNUS SUNTEK INC. / 46045 WARM SPRINGS BLVD, FREMONT, CA 94539, OR FAX TO: 510-226-9168

AUTHORIZATION TO RELEASE CREDIT INFORMATION

To : (your bank)

Regarding : (your company name)

Bank contact Person: _____
 Checking #: _____
 Loan #: _____

Bank Tel #: _____
 Savings #: _____
 Loan #: _____

Our company _____, hereby authorizes our bank to release credit information on our accounts to Sunus Suntek as we are trying to establish an account with them. Please provide them with the complete information and send the response directly to them to expedite the process.



_____ Authorizing signature

_____ Name and title

_____ Date

For Bank:

Checking # _____ Savings # _____
 Date Opened _____ Date Opened _____
 Average Bal _____ Average Balance _____
 Current Bal _____ Current Balance _____
 NSF Checks: No Yes, No. of returned checks : _____
 Rating: Excellent Good Satisfactory Poor

Comments : _____

For Lender:

Loan # _____ Date opened _____
 High credit _____ Terms _____
 Last paid _____ Next due _____
 Monthly payment _____ Current Balance _____
 Rating: Excellent Good Satisfactory Poor

Comments _____

Prepared by : X _____ Date : _____

Title: _____

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To: Accounts Payable Dept.

Re: Resale Certificate

Dear Customer:

In compliance with Sales and Use Tax Laws it is necessary that we have from all our customers a SIGNED re-sale certificate, with their State Sales Tax Permit Number, to show that the merchandise has been purchased for re-sale. Please fill out the following form and return it to us at once. Thank you very much for your prompt attention.



Blank Certificate OF Resale



THE UNDERSIGNED CERTIFIES THAT THE FOLLOWING DESCRIBED PROPERTY:

PURCHASED FROM **SUNUS SUNTEK** AFTER _____
 (Date)

IS PURCHASED FOR THE FOLLOWING PURPOSE:

- Resale as a tangible personal property
- To be incorporated as a material or part of other tangible personal property to be produced for sale by manufacturing, assembling processing or refining
- To be exported for sale, use, or consumption outside the continental limit of the United States
- To be sold outside seller's state
- Other _____

This certificate shall be considered a part of each order which we shall hereinafter place provided such order contains our certificate number. This is to continue in force until revoked in writing.

Seller's Permit No. _____ Certificate No. _____

FIRM NAME _____

Address _____

City _____ State _____ Zip _____ Phone _____



Signature: X _____ Title _____ Dated: _____

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