



Please mail or fax your completed forms with all requested material to the contact below:

Tony Andrews, Director Americas Sales.  
Corsair Memory, Inc.  
46221 Landing Parkway, Fremont, CA 94538

Fax: (510) 743 1188  
Telephone: (510) 657 8747 • Accounting Telephone: (510) 979 3208  
Email: sales@corsairmemory.com

# North America

CREDIT APPLICATION

## North America Credit Application : Applicant Data

### COMPANY INFORMATION

<input type="checkbox"/> Company Name	<input type="text"/>	Years in Business	<input type="text"/>
<input type="checkbox"/> Main Phone	<input type="text"/>	Main Fax	<input type="text"/>
<input type="checkbox"/> Billing Address	<input type="text"/>		
	<input type="text"/>		
<input type="checkbox"/> Shipping Address	<input type="text"/>		
	<input type="text"/>		

<input type="checkbox"/> Parent Company Name	<input type="text"/>		
<input type="checkbox"/> Applicant is a (check one)	<input type="checkbox"/> Division	<input type="checkbox"/> Subsidiary	<input type="text"/>
<input type="checkbox"/> <b>Contact Names</b>			
<input type="checkbox"/> <b>Accounts Payable</b>	<input type="text"/>	<b>Controller</b>	<input type="text"/>
<input type="checkbox"/> <b>Accounting E-mail Address</b>	<input type="text"/>		
<input type="checkbox"/> <b>Purchasing Agent</b>	<input type="text"/>	<b>Other</b>	<input type="text"/>
<input type="checkbox"/> <b>Purchasing E-mail Address</b>	<input type="text"/>		
<input type="checkbox"/> Company Web Address	<input type="text"/>		
<input type="checkbox"/> <b>Credit Line Request (Per Month)</b>	<input type="text"/>	<b>DUNS#</b>	<input type="text"/>
<input type="checkbox"/> Tax ID#	<input type="text"/>		

It is agreed that the buyer will pay all invoices in accordance with state terms and interest will be assessed on delinquent invoices at the rate of 1.5% per month (annual percentage rate 18%) together with any court costs, attorney's fees, and cost of collection the seller may incur in enforcing the terms of this agreement. If legal action becomes necessary by either seller or buyer. It is also agreed that this or any other contemporaneous or subsequent agreement will be governed as to validity, interpretation, construction, effect and in all other respects by the laws of the state of California. The undersigned agrees that the information supplied on this Credit Application is true and correct and authorizes their bank and references to release information as desired by the sellers usual credit investigation.

<input type="checkbox"/> <b>Signature</b>	<input type="text"/>		
<input type="checkbox"/> <b>Print Name</b>	<input type="text"/>		
<input type="checkbox"/> <b>Title</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>

**Important Note** Please supply your most recent annual financial statement, including balance sheet, income statement, cash flow statement, and accompanying notes. If the annual statement is more than 9 months old, please also supply statements for the last 2 quarters. **Please Provide Resale Certificate with Application.**

**Items in RED indicate required information.**



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# North America

CREDIT APPLICATION

## TRADE REFERENCES

<input type="checkbox"/> Company Name			
<input type="checkbox"/> Address			
<input type="checkbox"/> City	<input type="checkbox"/> Postal Code	<input type="checkbox"/> Country	
<input type="checkbox"/> Contact	<input type="checkbox"/> Title		
<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax		

1

Company Name			
<input type="checkbox"/> Address			
<input type="checkbox"/> City	<input type="checkbox"/> Postal Code	<input type="checkbox"/> Country	
<input type="checkbox"/> Contact	<input type="checkbox"/> Title		
<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax		

2

Company Name			
<input type="checkbox"/> Address			
<input type="checkbox"/> City	<input type="checkbox"/> Postal Code	<input type="checkbox"/> Country	
<input type="checkbox"/> Contact	<input type="checkbox"/> Title		
<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax		

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Company Name			
<input type="checkbox"/> Address			
<input type="checkbox"/> City	<input type="checkbox"/> Postal Code	<input type="checkbox"/> Country	
<input type="checkbox"/> Contact	<input type="checkbox"/> Title		
<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax		

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## BANK INFORMATION

<input type="checkbox"/> Bank Name	<input type="checkbox"/> Branch		
<input type="checkbox"/> Address			
<input type="checkbox"/> City	<input type="checkbox"/> Postal Code	<input type="checkbox"/> Country	
<input type="checkbox"/> Contact	<input type="checkbox"/> Title		
<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax		
<input type="checkbox"/> Account Number	<input type="checkbox"/> Line of Credit		

1

<input type="checkbox"/> Bank Name	<input type="checkbox"/> Branch		
<input type="checkbox"/> Address			
<input type="checkbox"/> City	<input type="checkbox"/> Postal Code	<input type="checkbox"/> Country	
<input type="checkbox"/> Contact	<input type="checkbox"/> Title		
<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax		
<input type="checkbox"/> Account Number	<input type="checkbox"/> Line of Credit		

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Please provide an updated Financial Statement to promptly expedite any immediate or pending orders