



Tel: (626)-839-7488
Fax: (626)-839-7481
837 S Lawson St. , City of Industry CA 91748

CREDIT APPLICATION

LEGAL COMPANY NAME:	TRADE NAME:
BILLING ADDRESS:	SHIPPING ADDRESS:
CITY: STATE: ZIP:	CITY: STATE: ZIP:
TEL:	FEDERAL EMPLOYEE ID # (EIN):
FAX:	BUSINESS IS A: _____ CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP
ACCOUNTS PAYABLE CONTACT PERSON:	TEL:
OFFICER/PRINCIPAL NAME AND TITLE:	TEL:
ADDRESS:	CITY: STATE: ZIP:
OFFICER/PRINCIPAL NAME AND TITLE:	TEL:
ADDRESS:	CITY: STATE: ZIP:

BANK REFERENCES

BANK NAME:	BANK REPRESENTATIVE NAME:
ADDRESS:	CITY: STATE: ZIP:
TEL:	TYPE OF ACCOUNT: CHECKING# _____
FAX:	SAVINGS# _____ LOAN# _____

TRADE REFERENCES

COMPANY NAME:	ACCOUNT#:
ADDRESS:	CONTACT PERSON:
CITY: STATE: ZIP:	TEL: FAX:
COMPANY NAME:	ACCOUNT#:
ADDRESS:	CONTACT PERSON:
CITY: STATE: ZIP:	TEL: FAX:
COMPANY NAME:	ACCOUNT#:
ADDRESS:	CONTACT PERSON:
CITY: STATE: ZIP:	TEL: FAX:

This credit application and agreement is submitted by Customer to Iridium Technology Group in order to obtain trade credit. Customer agrees to make payments in full to Iridium Technology Group for all amounts due according to Iridium Technology Group's 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), Iridium Technology Group has reserved the right to declared 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 Iridium Technology Group with updated credit information upon request and to provide an annual statement to Iridium Technology Group as a condition for the continued extention of credit. The undersigned certifies that all of the information contained herein is true and correct to the best of their information, knowledge and belief. Customers agree to adhere to credit/service policies established by Iridium Technology Group.

AUTHORIZED INDIVIDUAL (PRINT NAME):
SIGNATURE: DATE:

**FINANCIAL AUTHORIZATION
To Release Confidential Information**

Dear Customer:

In order for us to check your bank credit references, please complete this form with your signature and return it back to Iridium Technology Group as soon as possible. Also, please attach a voided check.

Thank you for your cooperation.

Sincerely,

**Credit Manager
Iridium Technology Group
837 S Lawson St
City of Industry, CA 91748
Tel: 626-839-7488
Fax: 626-839-7481**

Company Name _____

Company Address _____

Bank Name _____

Bank Address _____

Telephone # _____ **Fax #** _____

Contact _____ **Account #1** _____

Account #2 _____

Authorized Individual (Print Name) _____ **Title** _____

Authorized Signature _____ **Date** _____

