



<i>For Office Use Only</i>		
Ship Via: _____	Stocking Warehouse: _____	
Customer #: _____	Terms Established: _____	
Assigned Rep: _____	Axapta Entry by: _____	Date: _____

Post Office Box 200, Hickory, NC 28603
828-485-4800 • toll free 877-254-2172 • www.thesystemsdepot.com

Cash Only / Credit Card Application

Application must be filled out in its entirety, complete with all signatures, to be processed.

Company's Legal Name: _____ Fed. ID#: _____
 Doing Business As (if applicable): _____ Type of Business: _____
 Company Physical Address: _____
 City: _____ State: _____ Zip: _____
 County: _____
 Licensed in: County: _____ State: _____ Date Business Started: _____
 Contractor's License # & Type: _____ Number of Employees: _____
 State of Incorporation: _____ S Corp. C Corp. Limited Liability Corp. Partnership Sole Proprietorship
 Tax Exempt Number: _____ (attach tax exempt form or you will be charged sales tax)

GENERAL INFORMATION

Orders Will be Placed By: _____ PO Required? _____
 Business Phone: _____ Ext.: _____ Fax: _____
 Email: _____ Cell: _____
 •Bill to Contact: _____ Phone: _____ Fax: _____
 Billing Address: (if different) _____
 City: _____ State: _____ Zip: _____
 County: _____ Email (invoice/statement transmission) (if none listed Systems Depot will use the one listed above) _____

TERMS REQUESTED

CASH ONLY COD (cash, certified check or money order) Credit Card
 Credit Card Type: Visa Mastercard American Express Discover

Credit/Debit Card Number: _____ Expiration Date: _____
 Name on Card: _____ Validation Code: _____
 Credit Card Billing Address: _____
 City: _____ State: _____ Zip: _____

I am an authorized signer on the above card and hereby give The Systems Depot, Inc. permission to bill my credit card when requested or if the account goes beyond terms.

Print Name: _____ Card Owner's Signature: _____
 Date: _____

Please fax this form, along with your Tax Exempt Certificate (if applicable) to: (828) 485-4802, and mail the original application, Tax Exempt Certificate, a copy of your credit card and photo ID to: Post Office Box 200, Hickory, NC 28603. Phone (877) 254-2172. A copy of your credit card and photo ID are required before application will be processed.

Terms and Conditions

1. All transactions between Applicant and The Systems Depot, Inc. shall be governed by and construed in accordance with the laws of the state of North Carolina, without regard to any conflict of law provisions. The Applicant agrees that any litigation arising out of the transactions contemplated by this Application will be resolved in the General Court of Justice, Catawba County, North Carolina, or in the United States District Court for the Western District of North Carolina located in Statesville, North Carolina. The Applicant irrevocably submits to the jurisdiction of such forum and waives any objection it may have to either the jurisdiction or the venue of such forum.
2. The person or persons signing this Application must provide The Systems Depot, Inc. with a copy of their driver's license to be maintained in the file.
3. Applicant must sign a credit card authorization form.
4. Finance charges shall accrue after the account is past due according to its terms at the rate of 1.5% per month on the unpaid balance.
5. There shall be a charge of \$25.00 (Twenty-five and no/100 Dollars) on all checks/or credit card charges dishonored and /or rejected/returned for insufficient available funds or credit. If such checks or credit card charges are not satisfied within ten (10) days following written or email notice, Applicant will be subject to all additional charges as authorized by NCGS 6-21.3 of the North Carolina General Statutes. In the event of a credit card dispute prosecuted according to the disputed charge rules of the credit card company, the Applicant and The Systems Depot, Inc. reserve their rights to pursue their legal remedies following an adverse ruling by the credit card company. The prevailing party in any subsequent suit in any court of competent jurisdiction shall be entitled to recover its attorney fees from the losing party.
6. Product Return Policy is subject to the manufacturer of the products' policies. If a return is authorized, there may be a restocking charge. Special order items are non-returnable.
7. Open account terms are as stated on each invoice. Credit card transactions, COD shipments, and Cash with Order shipments do not qualify for open account terms. Shipments are FOB shipping point.
8. Collection costs and expenses in any suit versus Applicant for indebtedness owed to The Systems Depot, Inc., including The System Depot, Inc.'s reasonable attorney fees, are Applicant's responsibility. These attorney fees will be awarded pursuant to NCGS 6-21.2 of the North Carolina General Statutes.
9. All documents including invoices and statements are transmitted via email to the bill to Contact email address listed on page one. Applicant must request in writing to have any document sent via US Mail.
10. **Customers must notify THE SYSTEMS DEPOT, INC. in writing of any dispute regarding a THE SYSTEMS DEPOT, INC. invoice within sixty (60) days of the date of THE SYSTEMS DEPOT, INC.'s invoice. If the customer fails to timely notify THE SYSTEMS DEPOT, INC. of the dispute, THE SYSTEMS DEPOT, INC.'s original invoice will be deemed to be final, and the customer will be deemed to have accepted such invoice in full and to have waived any and all claims or defenses to paying such invoice. Disputes must be accompanied by reasonably detailed supporting documentation to facilitate efficient resolution. THE SYSTEMS DEPOT, INC. will work with its customers to resolve invoice disputes promptly.**

Application is hereby made for an Open Account with The Systems Depot, Inc. and the undersigned Applicant this _____ day of _____, 20____. Applicant does hereby agree to the terms of this Application. When accepted by The Systems Depot, Inc. at its corporate office in Hickory, North Carolina, this becomes a legal contract according to its stated terms.

(Legal Name of Company)

By: _____
Signature of Officer required above / Title of Officer

Date _____

THE SYSTEMS DEPOT, INC.

** This side for use by The Systems Depot**

By: _____

Date Accepted _____