

# TAMRON

## Credit Application Letter-IndOp

Dear Customer:

Thank you for applying for credit terms with Tamron USA, Inc. Attached is a credit application and terms of agreement. Please read the terms as well as the below information. We look forward to providing you with quality products and a mutually beneficial relationship.

Tamron USA, Inc. offers credit to those customers deemed credit worthy, as credit is a privilege. Below are the guidelines for granting credit and items we would like to emphasize from the terms of agreement.

- Criteria for credit terms with Tamron USA, Inc.
  1. Tamron USA, Inc. must be able to order a Dun & Bradstreet credit report on your company and/or the personal history of the owners. Our policy is to rely on this public information to extend credit.
  2. If there is no public information, credit references must be strong. Since contacting credit references is a manual process, it could take up to two weeks to process your application. Please consider this when placing orders. If credit references do not provide information, your credit application could be declined.
  
- Significant terms of agreement are:
  1. Terms are Net 30 days.
  2. Finance charges of 1.5% per month will be applied to balances outstanding over 30 days.
  3. Terms are reviewed annually and your terms could be rescinded for a history of delinquent payments.

Thank you again for your business. We look forward to a mutually advantageous and successful relationship. Please call us if you have any questions.

Regards,

Tamron Credit Department

# TAMRON

## CREDIT APPLICATION- INDOP

### APPLICATION INFORMATION (please print)

Company Name	Phone #
Billing Address	Fax #
City	State, Zip Code
Ship To Address (if different than bill to)	Phone #
City	State, Zip Code
DBA-"Doing Business As" Name	Sales Representative
Federal ID #	Dun & Bradstreet #
Email Address	Company Website

### BUSINESS INFORMATION (check one)

Sole Proprietor:	Partnership:	Corporation:	LLC:	Other:
Year Established:	No. of Employees:	Annual Sales Last Yr: \$	Estimated Sales this Yr:\$	

### TYPE (check all that apply)

Distributor:	IndOp:	Other:
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### NAME OF OFFICERS

Owner/President	SS #
Home Address	City, State, Zip Code
Phone #	Email
Co-Owner/ Vice President	SS #
Home Address	City, State, Zip Code
Phone #	Email

### SUPPLIERS (check all that apply)

CBC:	Pelco:	Fujinon:	JVC:	Sanyo:
Pentax:	Samsung:	Wheelock:	Sony:	Other:

### PRODUCT TO BE PURCHASED

Estimated Annual Purchase: \$	Initial Order: \$
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### TRADE REFERENCES (include those vendors critical to your business who have already granted credit to your company)

VENDOR NAME	PHONE #	FAX #	ACCOUNT #
1.			
2.			
3.			
4.			

# TAMRON

## BANK REFERENCE

Bank Name	Phone #	Fax #
Address		
Contact Person	Account No.	

## GENERAL INFORMATION

### SHIPPING/RECEIVING CONTACT

Name:	Phone:	Email:
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### ACCTS. PAYABLE CONTACT

Name:	Phone:	Email:
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Do you have a website interchange for payments? \_\_\_\_\_

### AUTHORIZED PURCHASING AGENTS

Name:	Phone:	Email:
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Name:	Phone:	Email:
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Do you have a website interchange for purchase orders? \_\_\_\_\_

### HOURS OF OPERATION

Sun:	Mon:	Tues:	Weds:	Thurs:	Fri:	Sat:
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Has either the business or owners/officers been involved in bankruptcy, foreclosure, insolvency, or assignment? Yes | No

If yes, specify details: \_\_\_\_\_

Will you accept C.O.D. or check with order until credit is approved? \_\_\_\_\_

Other comments:

The information on this application is for the purpose of obtaining credit and is represented by the applicant to be true and complete. The applicant authorizes Tamron USA, Inc. to investigate all credit references and any other matters pertaining to its financial responsibility. The applicant agrees to be responsible for and to pay collection costs and expenses and/or attorneys' fees incurred by the applicant in the collection of past due amounts, together with interest on such due amounts at the maximum rate permitted by law. The applicant will have a continuing obligation to notify Tamron USA, Inc. of any material change should any occur to the applicants' business.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Officer)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Upon completion of application, mail the original to the address below Attn: Credit Dept. If you wish to expedite your application, you may fax it to 631-858-8464. Please remember to mail the original.**