



PLEASE, FILL OUT, SIGN & FAX TO 949-261-9999

The person, persons or corporation for hereby made application, open **Net Terms (Net15, Net30, or COD)**. Customer agrees to pay Orbit Systems, Inc. for all authorized purchases per **Terms** from date of invoice. The balance owed to Orbit Systems, Inc. will become due in full upon default in payment by the Customer. In the event that collection process becomes necessary, Customer agrees to pay all collection costs, plus reasonable Attorney's fees. All obligations of the above named corporation or business are hereby personally guaranteed by the undersigned

The following information is furnished as inducement for credit and services to be performed as ordered, subject to general operating policies, and General Terms of Sale of Orbit Systems, Inc.

Company Name: _____ **Fed. ID#** _____

Billing Address: _____

City: _____ **State:** _____ **Zip+4:** _____

Shipping Address (If different from above): _____

City: _____ **State:** _____ **Zip+4:** _____

Telephone: _____ **Fax:** _____

Email Address: _____

PRINCIPLE OWNERS OR STOCKHOLDERS AND TITLES:

Name: _____ **Title:** _____

Name: _____ **Title:** _____

Name of Bank: _____ **Account #:** _____

Bank Officer: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip+4:** _____

Years in Business: _____ **Dunn & Bradstreet:** _____

The above Business is: (Check one) Individual: _____ **Partnership:** _____ **Coroportation:** _____

PLEASE PROVIDE BANK & TRADE REFERENCES, also A COPY OF YOUR RESALE CERTIFICATE and SHIPPING INSURANCE.

Signed: _____ **Title:** _____ **Date:** _____

Print Name: _____