



**ThinkCP™**  
Technologies

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H.Co. Computer Products DBA ThinkCP™ Technologies

## CUSTOMER CREDIT APPLICATION

Think CP Account No. (if Applicable):		Think CP Salesperson:	
Date:	Terms Requested:	Amount Requested:	
Company Name:		Subsidiary of:	
Phone:		Fax:	
Shipping Address:		Billing Address:	
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (Describe):			
Officers: President :		Vice President:	Sec/Treasurer:
Year Established:		Resale #:	Fed Tax ID or SSN:
Bank:		Phone #:	Contact:
Address:		Lines of Credit:	
Checking Acct #:		Loan:	

### Business References: (Must be current and provide information over the phone or fax.)

1.	Acct #.	Phone #.
Address:		Fax #.
2.	Acct #.	Phone #.
Address:		Fax #.
3.	Acct #.	Phone #.
Address:		Fax #.

Would you be willing to sign a personal guarantee for this account for this account? YES / NO (Please Circle One)

Comments:

This is our authorization for H.Co Computer Products™, Inc. DBA ThinkCP™ Technologies to contact the references as provided herein. The information is being collected for the purpose of evaluating our credit history. We believe our company is able to meet any commitment we have made and we intend to pay promptly in accordance with the payment terms indicated on ThinkCP™ / H.Co.Computer Products, Inc. Invoices.

Signed.:	Title:	Date:
Signed.:	Title:	Date: