



**ELECTRONICS**

**CMH Electronics**  
134 Hillcrest Avenue NW, North Canton, Ohio 44720  
330-497-8100 fax 330-497-8111

**CREDIT AGREEMENT Page 1**

Please complete and mail or fax to the Credit Department at 330-497-8111

Application for:  Open Account  COD Company Check  Credit Card Payment  
Requested credit limit \$

Have you ever applied for credit with CMH before?  YES  NO

**Company Information**

Company or Corporation Name		Telephone #	Fax #
Billing Address:		City	State Zip
Primary Shipping Address:		City	State Zip
Accounts Payable Contact and Telephone #		Controller's Name and Telephone #	
Date Company Started	Annual Sales Volume	Est. Monthly Purchase Volume	Number of Employees
Resale /Sales Tax #-REQUIRED	Do you require the use of Purchase Orders? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are Financial Statements Available? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Please attach	
Business is <input type="checkbox"/> Corporation  <input type="checkbox"/> Partnership  <input type="checkbox"/> Proprietorship	State of Incorporation		Subsidiary of (if applicable):
	Sole Proprietor or One Partner's Name		Home Phone
	Address		Social Security #

**Banking Information**

1st Bank Name		Contact Name	Telephone #
Address (PO Box or Street, City, State & Zip)			Date Account Opened
Checking Account #	Savings Account #	Loan #	
2nd Bank Name		Contact Name	Telephone #
Address (PO Box or Street, City, State & Zip)			Date Account Opened
Checking Account #	Savings Account #	Loan #	

**Credit References (all four must be complete)**

1st Supplier		Contact Name	Telephone #
Address (PO Box or Street, City, State & Zip)			Account Number
2nd Supplier		Contact Name	Telephone #
Address (PO Box or Street, City, State & Zip)			Account Number
3rd Supplier		Contact Name	Telephone #
Address (PO Box or Street, City, State & Zip)			Account Number
4th Supplier		Contact Name	Telephone #
Address (PO Box or Street, City, State & Zip)			Account Number

Please be sure to complete and sign all pages to ensure that our Credit Dept. can process this application



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**CREDIT AGREEMENT Page 2**

Company Name		Contact Name	Telephone #
Address:		City	State Zip

**Company Officer Information**

Officer Name	Title	Home Phone
Address (PO Box or Street, City, State & Zip)		Social Security #

**Credit Card Information: Check one  Visa  Master Card**

Card Number:	Expiration Date:	Name on Card
I am the authorized signer on the above card and hereby give CMH Electronics, permission to bill my credit card when verbally requested.		Date
Signature		Date

**Agreement to Terms**

IN SIGNING BELOW, I certify to CMH Electronics [sometimes called "you"] that:

(1) **Credit Agreement:** Everything in this Agreement is true and I am authorized to fill out this Agreement and sign below for the company shown above. I understand that you may investigate my financial status and the Company's financial status further, and request other documents or references from us. Our not complying, or if anything turns out to be untrue, is grounds for all credit to end immediately, and all account balances to become immediately due and payable.

(2) **Security Interest:** In consideration of your extending credit to the Company and to secure payment of all amounts the Company may owe you, the Company grants you a security interest in the following property: wherever located; (1) All merchandise you sell to the Company as described in each CMH invoice and packing slip; (2) All of the Company's rights to payment for such merchandise; (3) All additions, improvements and substitutions to or for such merchandise; (4) All insurance proceeds on that merchandise. Upon your request I will immediately sign all documents relating to the making and perfecting of this security interest on behalf of the company, or if I cannot or will not do so, CMH's officers are hereby irrevocably designated and appointed as Company's true and lawful attorney-in-fact for the purpose of doing so.

(3) **Returned Checks:** I understand that if the Company's check is returned by the bank, we will be assessed \$35.00 for each check returned. Until the Company wire transfers the full amount due, our account will automatically be placed on a cashier's check basis (CCOD).

(4) **Attorneys Fees:** If any amount due CMH shall be collected through an attorney, we agree to pay fifteen percent (15%) of the total due as attorney's fees.

I understand that these terms are accepted by the Company by my submitting the Credit Application to CMH.

Date: \_\_\_\_\_ Name of Signer (print): \_\_\_\_\_  
 Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**Personal Guaranty**

To induce CMH [sometimes called "you"] to extend credit to the Company identified above, I absolutely, irrevocably, and unconditionally guarantee the prompt, full payment of all sums due you from the Company when due. Thus, if the Company does not make any payment when due, you can demand the full amount of all sums owed CMH by the Company (whether due or not due yet), and I will immediately pay it. I will also pay all applicable interest, reasonable attorney's fees, and all costs and expenses CMH incurs in collecting what is owed, whether from me or the Company or both. If I do not pay what is due under the Guaranty immediately upon your demand, I agree that you can proceed against me without having to first file a lawsuit against the Company, or against it and me together. Finally, if I notify CMH, my liability under this guaranty will freeze as of the date on which you receive my notice. That is, I will have no liability for anything the Company buys after that date, though my liability for debts of the Company incurred before you get my notice will continue until that debt is satisfied. My doing so will also give you the right to alter your credit terms to the Company.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ (Seal)  
 Home Address \_\_\_\_\_ Date: \_\_\_\_\_