

4Net Networking Corp.
Computer Network Products

4Net Networking Corporation
2900 NW 72nd Avenue - Miami - FL 33122
Tel: (305) 599-0086 – Fax: (305) 599-1125
www.4netonline.com - info@4netonline.com

ACCOUNT APPLICATION

Data _____

1) BUSINESS INFORMATION:

Busines Name _____ Business Phone _____

Billing Address _____ Fax: _____

Physical Address _____

City,State and Zip Code _____

Emails : _____

Web site : _____

() PROPRIETORSHIP () PARTNERSHIP () CORPORATION _____
Federal ID

President's name _____

Social Security _____

Spouse's Name _____

Principal Office(s)	Resident Address	Resident Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

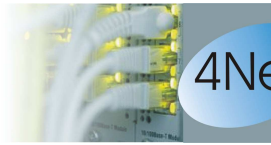
Person to contact for payment : _____

Annual Sales Volume _____

Other business of Principais _____

Years in business _____ Anticipate Volume _____

Where any of the principals in business before? () Yes () No



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If yes, give business name and location _____

If so, reason for discontinuing _____

Type of Business _____ Type of work performed _____

Works from: () Home () Shop-Number of employees: Office _____ Shop _____

Are purchase orders issued? _____ Issued by whom? _____

Number of invoices required? _____

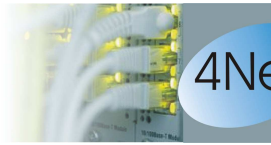
Sales tax exemption number _____
(If exempt, it is **REQUIRED** to attach the **Reseller Certificate DR-13**)

Special billing instructions _____

Dun & Bradstreet # _____

2) **BANK REFERENCES:**

Bank name	Address and phone#	Account #
1) _____ _____	_____	_____
2) _____ _____	_____	_____
3) _____ _____	_____	_____



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3) TRADE REFERENCES

Name	Term / Credit Limit	Phone Number
1) _____ _____	_____	_____
2) _____ _____	_____	_____
3) _____ _____	_____	_____

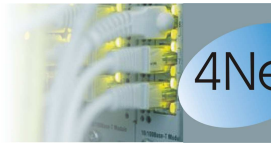
ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE. WE HEREBY AGREE TO PAY BY THE TERMS OF SALE LISTED ON EACH SYNIX INVOICE. SYNIX RESERVES THE RIGHT TO CHARGE A FINANCE FEE OF 18% PER ANUM OR PART THEREOF FOR ANY INVOICE THAT IS PAST DUE. EACH RETURN CHECK WILL BE CHARGED \$25.00. WE FURTHER AGREE TO PAY ALL COLLECTION FEES, REASONABLE ATTORNEYS FEES, COURT COSTS AND EXPENSES INCURRED BY SYNIX TO COLLECT MONIES DUE.

AUTHORIZATION IS HEREBY GIVEN TO RELEASE INFORMATION TO 4NET NETWORKING,CORP.REGARDING OUR BANKING AND CREDIT HISTORY FOR THE PURPOSE OF ESTABLISHING CREDIT. WE HEREBY INDEMNIFY SYNIX AND ITS AGENTS FROM ANY LIABILITY RESULTING FROM THEIR CREDIT SURVEY. ALL INFORMATION SHALL BE HELD STRICTLY CONFIDENTIAL.

BUSINESS NAME : _____

SIGNATURE : _____ PRINT NAME : _____

TITLE : _____ DATE : _____



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4) BANK AUTHORIZATION FORM

BANK NAME : _____

ACCOUNT NO. : _____

ADDRESS : _____

TEL : _____ FAX : _____

CONTACT NAME : _____

I HEREBY AUTHORIZE THE RELEASE OF BANKING INFORMATION TO SYNIX INTERNATIONAL, INC. FOR CONFIRMATION OF MY BANKING STATUS. YOUR PROMPT ATTENTION TO THIS MATTER WILL BE GREATLY APPRECIATED. THIS AUTHORIZATION WILL CONTINUE UNTIL OTHERWISE NOTIFIED IN WRITING.

AUTHORIZED SIGNATURE :

FOR BANK USE ONLY :

DEAR BANK OFFICER:

THE ABOVE CAPTIONED COMPANY HAS APPLIED FOR AN OPEN LINE OF CREDIT WITH *4NET NETWORKING, CORP.* IN THE AMOUNT OF US\$ _____. WE APPRECIATE YOUR ASSISTANCE IN PROVIDING THE FOLLOWING INFORMATION CHECKING /SAVINGS /OTHER:

OPEN DATE _____

AVERAGE BALANCE _____

CURRENT BALANCE _____

ACCOUNT RATING _____

CREDIT LINE : ___ YES ___ NO SECURED : ___ YES ___ NO

ACCOUNT TYPE : _____

OPEN DATE : _____

CREDIT LIMIT : _____

CURRENT BAL: _____

MATURITY DATE : _____

COMMENTS ; _____

PREPARED BY : _____ DATE : _____

PRINT NAME : _____ TITLE : _____

THANK YOU,

PLEASE FAX BACK TO 4NET NETWORKING CORP.,CREDIT DEPARTMENT
(305) 599-1125



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5) PERSONAL GUARANTEE

I THE UNDERSIGN, FOR CONSIDERATION OF EXTENSION OF CREDIT DO HEREBY PERSONALLY QUARANTEE THE PAYMENT OF ALL OUTSTANDING BALANCE DUE TO 4NET NETWORKING, CORP. (HERIN REFERRED TO AS 4NET) FOR _____ HEREIN REFERRED TO AS “THE COMPANY” OF WHICH MY TITLE IS _____ AND FURTHER AGREE TO BIND MYSELF, MY HEIRS AND / OR ESTATE TO PAY 4NET UPON DEMEND OF OPEN BALANCE OWED IN WHICH THE COMPANY FAILS TO PAY 4NET. IT IS UNDERSTOOD THAT THIS GUARANTEE SHALL BE CONTINUING AND IRREVOCABLE, AND DO HEREBY WAIVE “NOTICE OF DEFAULT”, NOTICE OF NON-PAYMENT”, AND OTHER “NOTICE” THEREOF. I ALSO HEREBY WAIVE MY HOMESTEAD PROTECTION RIGHT UNDER STATE CONSTITUTION AND AGREE TO PAY ANY AMOUNT DUE, IN ADDITION TO THE UNPAID BALANCE OWED TO 4NET IN CONNECTION TO THE ACQUISITION OF OWED BALANCE INCLUDING BUT NOT LIMITED TO PRE-LITIGATION FEES, LITIGATION AND POST-LITIGATION FEES, FILING AND ADMINISTRATIVES FEES, COURT COSTS, COSTS OF ANY COLLECTION AGENCY ACTING IN BEHAVE OF4NET, AND A REASONABLE SUM FOR “ACTION” AND THAT THE JURISDICTION FOR IMPLEMENTATION OF THIS GUARANTEE WILL RESIDE IN DADE COUNTY, FLORIDA, UNITED STATES OF AMERICA.

SIGNED BY (GUARANTOR) : _____ DATE : _____

PRINT NAME : _____ SSN : _____

US DRIVER’S LICENSE NO : _____ HOME TEL : _____

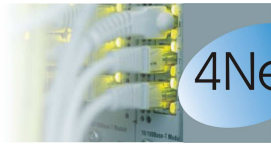
HOME ADDRESS : _____
(NOTE : COPIES OF ALL IDENTIFICATION MUST BE ATTACHED)

STATE NOTARY :
ON THE _____ DAY OF _____, YR _____, I DO HEREBY ATTEST THAT THE PRECEDING DOCUMENT WAS SIGNED BY THE PARTY INDICATED ABOVE AND THAT IS NOT A PUBLIC RECORD.

NOTARY :

DOCUMENTS TO BE ATTACHED TO THE APPLICATION :

- [] 1. BALANCE SHEET/INCOME STATEMENT FOR THE LAST TWO YEARS.
- [] 2. COPY OF COMPANY’S RESALE CERTIFICATE IF APPLICABLE
- [] 3. SIGNED AND COMPLETED TAX EXEMPTION CERTIFICATE IF APPLICABLE.
- [] 4. SIGNED AND COMPLETED BANK AUTHORIZATION FORM *Required for Terms.
- [] 5. PERSONAL GUARANTEE *Required for Credit Evaluation/ Terms.



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6) SALES AND USE TAX CERTIFICATE OF EXEMPTION

THE UNDERSIGNED HEREBY CERTIFIES THAT THE TANGIBLE PERSONAL PROPERTY,
DESCRIBED AS FOLLOWS, _____
WHICH HE SHALL PURCHASE FROM 4NET NETWORKING, CORP., WHOSE OFFICE IS
LOCATED AT

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, WILL BE FOR THE PURPOSE INDICATED BELOW : (PLEASE CHECK THE LINE WHICH
APPLIES)

- _____ RESALE IN ITS PRESENT FORM
- _____ RESALE AS CONVERTED INTO OR AS A COMPONENT OF A PRODUCT
PRODUCED BY THE UNDERSIGNED.
- _____ DIRECT PAYMENT PERMIT
- _____ TO BE EXPORTED FOR SALE, USE OR CONSUMPTION OUTSIDE THE
CONTIENTAL LIMITS OF THE UNITED STATES.

THE UNDERSIGNED CERTIFIES HE WILL ACCRUE AND PAY ANY APPLICABLE USE TAX ON
ANY TANGIBLE PERSONAL PROPERTY OBTAINED UNDER THIS CERTIFICATE OF
EXEMPTION
IF IT IS USED OR CONSUMED BY THE PURCHASER.

I DECLARE UNDER PENALTIES OF FALSE SWEARING THAT IT IS MY BELIEF THAT THE
VENDOR NAMED HEERIN IS NOT REQUIRED TO COLLECT THE SALES OR USE TAD ON THE
TRANSACTION COVERED BY THIS CERTIFICATE, AND TO THE BEST OF MY KNOWLEDGE
AND BELIEF IS TRUE AND CORRECT, MADE IN GOOD FAITH, PURSUANT TO THE SALES AN
USE TAX LAWS OF THE AFOREMENTIONED STATE.

PURCHASER FIRM NAME : _____

CERTIFICATE OF REGISTRATION NO : _____ DATE : _____

ADDRESS : _____

BY : _____

(PRINT NAME) _____

(SIGNATURE) _____

TITLE : _____

DATE : _____