



CUSTOMER ACCOUNT INFORMATION

General Information:

Credit Requested:

\$ _____

Company Name: _____ Phone: _____ Fax: _____

Billing Address:

Shipping Address:

Street: _____

City/State/Zip: _____

Accts. Payable Contact: _____ Security Contact: _____

D & B Number _____ D & B Rating _____ Number of Years in Business _____

Organization Type/Sales Tax Status:

_____ Taxable _____ Tax-Exempt Tax-Exempt # _____

_____ Corporation _____ Partnership _____ Individual _____ Sub-S

Business Trade References:

Name	Address	Phone/Fax	Contact
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Bank Reference:

Bank Name _____ Address _____

Bank Contact _____ Phone _____ Account Numbers _____

XceedID Corporation

112 N. Rubey Drive, Suite 100, Golden, CO 80403
Phone 303-273-9930 Fax: 303-273-9937



Agreement: In consideration of credit extended, I agree:

1. to authorize XceedID to contact the above information for the purpose of determining credit eligibility.
2. to pay all purchases in accordance with the terms of the account (Net 30 – F.O.B. Golden, CO).
3. to pay a service charge at the rate of 1_% per month (18% APR) on unpaid balances over 30 days.
4. to pay collection and attorney’s fees incurred by XceedID in the enforcement of this agreement.
5. to abide by XceedID sales policies (see website/sales support) relative to product and service transactions.

Signed: _____ **Title:**

Print Name: _____ **Date:**
