



APPLICATION FOR CREDIT

WE WOULD LIKE TO KNOW MORE ABOUT YOUR COMPANY:

Date: _____ Open Account Net 10 Days _____ COD Company Check _____ Credit Card _____

Firm Name _____ Mail Address _____

Street Address _____ Suite No _____

City: _____ State: _____ Zip+4 _____

Telephone Number _____ How Long Established: _____ Years _____ Months

Please Check One: _____ Corporation _____ Partnership _____ Sole Proprietorship

Principals and their address if different than above:

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Name	Title	Address	City St Zip	Phone Number	Social Security Number
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Name	Title	Address	City St Zip	Phone Number	Social Security Number
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Personal Guaranty:

I _____, residing at _____
 for and in consideration of your extending credit at my request to _____ (herein referred
 to as the "Company"), hereby personally guarantee the payment to Nationwide Data Systems, Inc
 in the state of Florida of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may
 become due to you by the Company whenever the company shall fail to pay the same.
 It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the
 Company. I do hereby waive notice of default, nonpayment and notice hereof and consent to any modification of renewal of the credit
 agreement hereby guaranteed.

Date _____ Witness _____

Guarantor (Print Full Name) _____

I hereby authorize our financial information to be released to Nationwide Data Systems, Inc for establishing company check or line of credit.

Firm Name _____

Signature _____ Title _____

Trade References:

Company Name _____ Company Name _____

Address: _____ Address: _____

City: _____ State: _____ City: _____ State: _____

Zip: _____ Phone: _____ Zip: _____ Phone: _____

Terms: _____ Limit: _____ Terms: _____ Limit: _____

Company Name _____ Company Name _____

Address: _____ Address: _____

City: _____ State: _____ City: _____ State: _____

Zip: _____ Phone: _____ Zip: _____ Phone: _____

Terms: _____ Limit: _____ Terms: _____ Limit: _____

Bank References:

Name of Bank: _____ Name of Bank: _____

Address: _____ Address: _____

City: _____ State: _____ City: _____ State: _____

Zip: _____ Phone: _____ Zip: _____ Phone: _____

Acct #: _____ Acct #: _____

Acct Type _____ Acct Type _____



SunTrust of Tampa Bay Bank Charges for Non-Sufficient Funds:

A \$ 30 Fee or 5 %, Whichever is Greater Shall Be Applied To All Returned Check(s).

I certify that the information provided in this application is, to the best of my knowledge, correct, I understand that Nationwide Data Systems, Inc will treat all the information which I have provided as confidential. I have read and understand the "Terms And Conditions Of Sale" and Nationwide Data Systems, Inc. "Warranty And Return Policy" and agree to the terms and conditions described therein.

Should Customer default in any such payment(s), Nationwide Data Systems, Inc. (hereafter referred to as NDS) shall have the right , without notice to Customer, to declare all invoice amounts due and payable. In the event NDS should commence any action or actions, or otherwise seek to enforce this agreement against Customer or and Guarantor, Customer agrees to pay reasonable attorney(s) fees, court costs and other expenses, incurred by NDS, whether or not suit is filed. This agreement is not transferable or assignable without the prior written consent of NDS. This agreement shall become effective upon acceptance by NDS.

Name: (Print) _____

Title: _____

Signature: _____

Date: _____