

KTI Networks / KTI Promo - Credit Application

Application for: Open Account Company Check Credit Card Date: _____

Business Operates from: Commercial Building Home Own Rent

Company Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

President: _____ Federal Tax ID _____

VP _____ Resale # _____

Other: _____ Purchasing Agent: _____

Accounts Payable: _____ Year Established: _____

SHIP TO: _____ BILL TO: _____

Company _____ Company _____

Address _____ Address _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Bank References (Please enter full street addresses and phone numbers. PO Boxes are not acceptable)

Bank _____ Acct # _____ Checking Savings Other

Address _____ Acct # _____ Checking Savings Other

City _____ State _____ Zip _____

Bank Officer's Name _____ Phone _____ Fax _____

Trade References (Please enter full street addresses and phone numbers. PO Boxes are not acceptable)

1 Name _____ Type of Business _____

Address _____ City _____

State & Zip _____ Terms _____ Acct# _____

Phone #: _____ Fax #: _____

2 Name _____ Type of Business _____

Address _____ City _____

State & Zip _____ Terms _____ Acct# _____

Phone #: _____ Fax #: _____

3 Name _____ Type of Business _____

Address _____ City _____

State & Zip _____ Terms _____ Acct# _____

Phone #: _____ Fax #: _____

4 Name _____ Type of Business _____

Address _____ City _____

State & Zip _____ Terms _____ Acct# _____

Phone #: _____ Fax #: _____

I/We hereby authorize KTI Networks, Inc. to verify and inquire about any information submitted herein. I/We promise to pay for all purchases in accordance with terms and conditions stated. If at any time, for any reason, I/We are unable to pay "When Due" and if any action is brought to enforce collection, KTI Networks Inc. shall be entitled to recover all costs of said collection. I/We agree to pay all such costs.

Name: _____ Drivers License # _____

Signature _____ Date: _____

KTI Networks / KTI Promo - Authorization for Credit Inquiry

Please fax back to 713/266-3893

Bank Name _____ Phone # _____

Address _____ Fax # _____

City, State, Zip _____ Attn: _____

Customer Name _____ Phone # _____

Address _____ Fax # _____

City, State, Zip _____

Acct # _____ Checking Savings Other

Acct # _____ Checking Savings Other

Name: _____ Date _____

Account Holder Signature _____

Please furnish KTI Networks, Inc. with credit information on my/our account(s) with you.
Thank you.

For Bank Use Only:

Date Account Opened: _____

Average Monthly Balance: _____

Any NSF Checks: _____

Amount of Outstanding Loans: _____

Rating: _____

Comments: _____

Signature: _____ Title: _____

KTI Networks / KTI Promo - Guaranty & Declaration of Solvency

In consideration of credit made and extended by KTI Networks, Inc., hereinafter called "KTI", on behalf of _____, hereinafter called "Reseller", the undersigned, hereinafter called "Guarantor", unconditionally and continuously guarantees to KTI the prompt payment in full of all sums when due on account of any and all obligations, indebtedness and liability of the Reseller to KTI all of which obligations, indebtedness and liability are hereinafter referred to as "Guaranteed Obligations".

The Guarantor further agrees to pay any and all costs, expenses and reasonable attorney's fees paid or incurred by KTI in collecting the Guaranteed Obligations of the Reseller in enforcing this Guaranty.

The Guarantor further agrees and submits to the personal jurisdiction of any state or federal court located in the State where the KTI office is located.

The Guarantor further authorizes KTI to obtain personal credit information of the Guarantor.

If any provisions of the Guaranty are prohibited or invalid under applicable law, the remaining provisions of the Guaranty shall not be invalidated.

IN WITNESS WHEREOF, the Guarantor has executed this Guaranty on this _____ day of _____,

Guarantor's Signature _____ Witness Signature _____

Printed Name: _____ Printed Name: _____

Declaration of Solvency

The undersigned, as an authorized representative of the following Company, _____ who is fully authorized and competent to make this representation, hereby declares as follows:

1. The Company is not insolvent within the Section 1-205 of the Uniform Commercial Code. The Company has not ceased to pay its debts in the ordinary course of business nor is the Company unable to pay its debts as they come due. The Company's financial condition is such that the sum of all its property, at fair valuation, is greater than its debts.
2. This is a continuing representation not limited to the date shown on this letter. The Company agrees to give written notice of insolvency to the Supplier within ten days of the occurrence of such. Absent such notice, the Supplier may continue to rely on this letter as a current statement of solvency.
3. The Company agrees to the provisions of Section 2-702 of the Uniform Commercial Code as a nonexclusive remedy to be used by the Supplier upon discovery or notice of the Company's insolvency.

Date: _____ Signature _____

Title _____ Printed Name _____

Date _____ Witness _____

Printed Name _____