

NEW ACCOUNT SETUP

Company Name: _____

Person responsible for: Ordering _____ Accts Payable: _____

Physical Address: _____

SHIP TO ADDRESS: _____

Phone _____ Fax: _____

Billing Address: _____

Legal Entity: Fire Department Email address: _____

Tax Exemption Status: Tax Exempt (provide tax certificate) Charge Sales Tax
Please complete accurately as no credits will be issued to adjust for taxes charged

Credit Line Requested: \$ _____ Terms Requested: _____

Is a Purchase Order required for **Repairs**? Yes No

Is a Purchase Order required for **Purchases**? Yes No

Please list any affiliate companies or subsidiaries:

Name: _____ Comments: _____

Name: _____ Comments: _____

Have company, principles, officers or affiliates ever filed for bankruptcy? Yes No

Payment shall be made within agreed upon terms after the date of the invoice for each product, accessory or other charge. Any invoiced amount that is not paid within these terms will be considered delinquent. Based on acceptable credit and collections practices, United Communications Corporation (UCC) is entitled to past due interest or a late payment charge on the delinquent balance outstanding, not to exceed 2.0% per month on the outstanding balance. Any past due interest or late payment charge will become due and payable immediately at UCC's discretion. The buyer also agrees to reimburse UCC for all legal fees and expenses incurred in collecting any amount due hereunder.

The undersigned certifies that the above information on this credit application is correct to the best of your knowledge. The undersigned also agrees to the terms set forth in the above mentioned interest clause.

Signature _____ Title _____ Date _____

United Communications Corporation

Credit Card Authorization Form

(only necessary if you would like to pay with a Credit Card)

Company Name _____

Name as on Card _____

Card # _____

Verification Number (3 digits for Visa/MC 4 Digits AMEX) _____

Card Expiration Date _____

Billing address for credit card: _____

Customer # _____

Signature: _____

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

Billing address: **United Communications Corp**
 P.O. Box 26048
 Little Rock, AR 72221
 501-537-4668 Telephone
 501-537-2494 Fax

Sales and **United Communications Corp**
Repair office **62 Jason Court**
 St. Charles, MO 63304
 888-763-7550 Telephone
 888-763-7549 Fax

Internal use Only

Date of authorization _____
Amount of authorization _____
Authorization Number _____
Initials _____