



Customer Credit Application
1315 S Allen Street, Suite 410
State College, PA 16801
PH: 814.867.2312 FX 814.867.2314
jlh@oberonwireless.com

Please fill out the following information to obtain credit terms from Oberon, Inc

COMPANY INFORMATION

Business Name: _____ Phone #: _____

DBA: _____ Fax #: _____

Billing Address: _____ Suite #: _____

City: _____ State: _____ Zip Code: _____

of employees: _____ Years in business: _____ D&B #: _____ Annual sales volume: _____
 ___1-10 ___10-25 ___25-100 ___100+ _____

% of Markets Served
 ___ Healthcare ___ Education ___ Government ___ Warehouse/Logistics
 ___ Manufacturing ___ Retail ___ Hospitality ___ Small Office/Home Office

CREDIT CERTIFICATE

In order to sell Oberon’s products to the Buyer, the Buyer hereby represents and warrants that it is solvent, that it pays its obligations as they come due and that its liabilities do not exceed its assets. The foregoing representation and warranties shall be deemed to be repeated in each purchase by Buyer (whether written or oral) and incorporated therein by reference, and shall be effectively remade, each time a purchase obligation is undertaken, until the Buyer shall notify Oberon to the contrary. The confidential information contained in the application is true, may be relied upon and is for the purpose of obtaining merchandise from Oberon. The information disclosed herein is true and can be relied upon. In the event of default of payment when due, Buyer agrees to pay all costs of collection, including attorney’s fees, court costs, and collection agency fees. In the event of default, Buyer agrees that any dispute shall be heard in the Court of Common Pleas of Centre County, Pennsylvania. Pennsylvania law shall apply to the interpretation and enforcement of any action. In the event that any invoice remains unpaid for a period of 60 days or more, Oberon may, at its option, cease all work and shipments to Buyer until all outstanding invoices are paid in full. Buyer also agrees to pay \$35.00 for each check issued by Buyer to Oberon that is returned to Oberon without payment.

In signing this document, Buyer grants permission of credit information to be submitted by phone or letter by companies Buyer has specified. The signature below acts as releasing authority to the companies approached for credit information. The undersigned understands that Oberon will keep this application whether or not this application is approved and that Oberon will consider this application as a continuing statement of the undersigned’s financial condition until notified otherwise.

Signature (Officer or Owner): _____ Date: _____

Print Name: _____ Title: _____

Company: _____ Phone: _____

BANK REFERENCES

Bank Name: _____ Phone #: _____
Address: _____ Fax #: _____
City: _____ State/Zip: _____
Contact Name: _____ Account #: _____

TRADE REFERENCES*

Company Name: _____
Address: _____ Fax #: _____
City: _____ State/Zip: _____
Contact Name: _____ Phone #: _____
Credit Line: _____ Terms: _____

Company Name: _____
Address: _____ Fax #: _____
City: _____ State/Zip: _____
Contact Name: _____ Phone #: _____
Credit Line: _____ Terms: _____

Company Name: _____
Address: _____ Fax #: _____
City: _____ State/Zip: _____
Contact Name: _____ Phone #: _____
Credit Line: _____ Terms: _____

*Required: Most companies require written requests for credit information. Applications without fax numbers will take longer to process.

THANK YOU.

Accounting Department
814-867-2312 ext. 207

INTERNAL USE ONLY		
References checked: _____	Date: _____	By: _____
Account Approved: _____	Date: _____	By: _____
Approved By: _____		