

Genoedge Corporation dba SabrePC
 142 N. Milpitas Blvd #440, Milpitas, CA 95035
 Phone 408.914.8196
 Fax 408.904.4781

Company Information

Legal Name		DBA		
Billing Address		City	State	Zip
Shipping Address		City	State	Zip
Email		Phone	Fax	
EIN/Tax ID		Web Address		
Ownership* <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Sole Proprietorship		State of Incorporation		
Date Established	DUN & Bradstreet No.	Reseller Permit No.	State	
Annual Sales Revenue		Do you require a purchase order number before we accept an order? <input type="radio"/> Yes <input type="radio"/> No		
Number of Employees		Has this firm ever filed for bankruptcy? If YES, please attach an explanation. <input type="radio"/> Yes <input type="radio"/> No		
Are you a Subsidiary / Division? <input type="radio"/> Yes <input type="radio"/> No		Parent Company Name		
Address		City	State	Zip

Principal Officers

CEO/President		
Purchasing Manager	Email	Phone
Finance Manager	Email	Phone
Accounts Payable Contact	Email	Phone

Agreement

This credit application and agreement is submitted by customer to Genoedge Corporation (hereafter Genoedge) to determine credit limit. Customer agrees to make payment in full to Genoedge for all amounts due according to Genoedge's Invoice(s). Customer also agrees to pay Genoedge as interest an amount equal to 1.5% per month, or the maximum provided by law (which ever is less), for invoice amounts that are past due. Should customer default any such payment(s), Genoedge shall have the right, without notice to the customer, to declare all invoice amounts due and payable. In the event Genoedge should commence any action or actions, or otherwise seek to enforce this agreement against customer or any guarantor, customer agrees to pay reasonable attorney(s) fees, collection fees, court costs and other expenses incurred by Genoedge whether or not suit is file.

Print Name	Signature
Title	Date

Personal Guarantee

If not a corporation/incorporated

I, _____ residing at _____
Name (please print)

For and in consideration of your extending credit at my request to _____
(here-after Company), I hereby personally guarantee the payment to Genoedge Corporation in the state of California as an obligation of the Company and I hereby agree to bind myself to pay Genoedge Corporation the amount demanded any of which may become due to Genoedge Corporation by the Company whenever the Company shall fail to pay the same.

Signature	Date
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Trade References

① Company Name	Accounts Receivable Contact	Payment Terms	Credit Limit	
Account No.	Phone	Fax	Email	
Address		City	State	Zip

② Company Name	Accounts Receivable Contact	Payment Terms	Credit Limit	
Account No.	Phone	Fax	Email	
Address		City	State	Zip

③ Company Name	Accounts Receivable Contact	Payment Terms	Credit Limit	
Account No.	Phone	Fax	Email	
Address		City	State	Zip

④ Company Name	Accounts Receivable Contact	Payment Terms	Credit Limit	
Account No.	Phone	Fax	Email	
Address		City	State	Zip

⑤ Company Name	Accounts Receivable Contact	Payment Terms	Credit Limit	
Account No.	Phone	Fax	Email	
Address		City	State	Zip

The undersigned authorizes release of all credit information, both business and/or personal, requested by Genoedge Corporation. This form may be reproduced and a fax copy shall be as e° ective consents as the original, once it has been signed.

Print Name	Signature
Title	Date