



Atlanta
3505 Newpoint Pl., Ste 450
Lawrenceville, GA 30043
800-444-8962
Fax 770-FAX2SED

Los Angeles
1041 S. Lawson Street
City of Industry, CA 91748
800-337-8343
Fax 626-854-6933

Dallas
1800 10th St., Ste# 100
Plano, TX 750874
800-745-7850
Fax 469-443-9854

Miami
1729 N.W. 84th Avenue
Miami, FL 33126
800-592-0199
Fax 305-592-7655

INTERNATIONAL

Cash | Credit Card | COD Application

Revised 7/2011

BUSINESS INFORMATION

Business Name _____

DBA Name _____

Address _____ City, State, Zip _____

Ship-to Address _____ City, State, Zip _____

Business Type: _____ Incorporated Y / N _____

Federal Tax ID # _____ D&B # _____

Accts. Payable E-mail _____

Phone # _____ Fax # _____

Owner/Officer Name _____ Social Security # _____

BANK AND FINANCE COMPANY INFORMATION

Bank Name _____ Contact Name _____

City, State _____ Checking Acct. # _____

Bank Phone # _____

Principal Signature: _____

Print Name: _____ Date: _____

CREDIT CARD AUTHORIZATION

I hereby authorize SED International to charge my Credit Card. I agree not to dispute any credit card charges after 60 days of the purchase.

Please check one: Visa Mastercard American Express Discover
Please check one: Corporate Card Personal Card

Card Number _____ Expiration Date _____

Billing Address _____

Issue Bank _____

Card Holder Name _____

Card Holder Signature _____ Date: _____

Is a copy of the credit card attached? YES NO

Terms and Conditions

In signing for the undersigned ("Company") shown below, I certify to SED International, Inc. ("SED") that:

1. Agreement: Everything in this agreement is true and accurate, and I am authorized to complete and execute this Agreement on behalf of the Company shown. I understand that SED may investigate both my financial status and the Company's financial status further and may request other documents or references from us. If we fail to comply in any manner, or if we provide false or misleading information, then all terms will terminate immediately, and all account balances will become immediately due and payable.

2. Returned Checks: I understand that if the bank returns a Company check, the Company will be assessed \$70.00 for each check returned. Further, until the Company either wire transfers or sends a cashier's check for the full amount due, the Company will have to pay by method of cash, cashiers check, or wire transfer in advance for future orders. Also, I authorize SED to bill my credit card if the Company's check is dishonored for any reason or for any other sums due from me hereunder. If check is bad or NSF, seller retains its rights to reclaim the goods under OCGA 11-2-507 and 11-2-705 and all other rights under GA law.

3. Interest: I agree to pay eighteen (18%) percent annual interest on any unpaid balance.

4. Attorney's Fees: If any amount due SED is collected through an attorney, we agree to pay all collection expenses, including fifteen (15%) percent of the total amount due as attorney's fees.

5. Choice of Law and Jurisdiction: This Agreement shall be governed by the laws of the State of Georgia. Company agrees that all controversies arising out of, or under, this Agreement may be filed and resolved in the courts of Gwinnett County, Georgia or the United States District Court for the Northern District of Georgia, Atlanta Division. To induce SED to accept this Agreement, Company agrees and consents that Jurisdiction and venue are proper in these specified courts, and Company waives all defenses it may have to that jurisdiction and venue.

6. Additional Terms: Any verbal modification or agreements regarding this Agreement are void and unenforceable. Any modifications to this Agreement will only be effective when signed by SED's Vice President of Credit in Atlanta, Georgia. In signing this agreement, I certify that the information provided is true and accurate and agree to the terms and conditions set forth in the Agreement. I authorize SED to contact bank and trade creditors both during the account review process and from time to time update the customers file. A copy of the Company's Business License accompanies this Agreement. I understand SED will charge sales tax unless and until SED receives the Company's tax exempt certificate.

7. Returns are for credit only. No cash refunds.

To induce SED International, Inc. to extend terms to _____ (Company Name), the undersigned _____ (Print Name), absolutely and unconditionally guarantees to SED the full and prompt payment when due of any and all of the Company's indebtedness and liability of every kind and nature. I understand that this guarantee is governed by the laws of the State of Georgia.

Date _____ Signature _____ Print Name _____

Please complete this form, print it, then mail or fax it back to the SED Credit Department at 770-243-1314.