

2000 Steam Way  
Round Rock, TX 78665



### Credit Application/Agreement

Please Print or Type all information, sign, and return.  
This application must be completed in full in order to be processed.

Legal Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_ Web Site: \_\_\_\_\_

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#### Billing Information:

Accounts Payable Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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**Business Structure:**  Corporation  State-Incorporated  LLC  Partnership  Sole Proprietor  \_\_\_\_\_

**Business Type:**  End User  Resaler/Rebuilder  3<sup>rd</sup> Party Service Provider  Manufacturer  Distributor

Federal ID#: \_\_\_\_\_ Dun and Bradstreet #: \_\_\_\_\_ Resale #: \_\_\_\_\_

Brief Explanation of Business: \_\_\_\_\_

Year Business Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Annual Sales: \$ \_\_\_\_\_

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Credit Limit Requested: \$ \_\_\_\_\_ Anticipated Dollar Purchase per Month: \$ \_\_\_\_\_

Terms Requested:  NET 30  NET 15  COD  Other \_\_\_\_\_

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President/Owner: \_\_\_\_\_ Telephone #/ext: \_\_\_\_\_

VP Finance/CFO: \_\_\_\_\_ Telephone #/ext: \_\_\_\_\_

Purchasing Manager: \_\_\_\_\_ Telephone #/ext: \_\_\_\_\_

Business Unit Contact: \_\_\_\_\_ Telephone #/ext: \_\_\_\_\_

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#### Banking Information:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Officer: \_\_\_\_\_ Checking Acct #: \_\_\_\_\_ Savings Acct #: \_\_\_\_\_

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**Trade References:** (United States Companies Preferred) – Document with Trade References Only can be Attached.  
Please provide the full address with zip code, and include account and fax numbers.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Number of Years Doing Business with this Company: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Number of Years Doing Business with this Company: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Number of Years Doing Business with this Company: \_\_\_\_\_

By signing this Credit Application, the authorized individual on behalf of the Buyer, individually and personally, represents and warrants to Odyssey Technical Solutions that:

- 1) he/she is authorized to execute this Application on behalf of Buyer;
- 2) the information set forth is accurate and complete;
- 3) Buyer is solvent and pays its obligations as they become due;
- 4) Buyer agrees that the prevailing party in any proceeding to enforce this Application will be entitled to recover its costs, including attorneys' fees and collection agency fees, from the other party; and
- 5) any legal action brought by Buyer will be in the jurisdiction of Texas, and Buyer hereby submits to the jurisdiction of said courts. The laws of the State of Texas will apply.

**Buyer agrees to pay a one-time penalty assessment of 10% on all past due payments. Additionally, any payments received after the payment due date will begin accruing additional late payment penalties at the rate of 1.5% per month (18% per annum). Such penalties will accrue as of the due date of each invoice. INITIAL \_\_\_\_\_**

In signing this Application, Buyer agrees to all of the above and hereby grants permission for credit information to be verified by company(ies) and financial institution(s) that the Buyer has specified on this document and others that Odyssey Technical Solutions becomes aware of during the credit review process and from time to time. The undersigned also understands that Odyssey Technical Solutions will retain this Application, whether or not it is approved, and will consider this Application as a continuing statement of the undersigned's financial position and situation until notified otherwise by the Buyer.

The preceding representation and warranty will be deemed to be repeated in each purchase by Buyer. Faxed documents will be deemed as original. No oral agreements will be accepted. The terms on this credit application/agreement overrides all others.

<b>Authorized Signature:</b>	<b>Title:</b>
<b>Printed Name:</b>	<b>Date:</b>

Please Return the completed document by: Email to [Sales@odysseyrf.com](mailto:Sales@odysseyrf.com) OR Fax to 512-989-8118 OR Mail to ATTN: SALES at the address shown above.

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