



MICRO INFORMATICA LLC

CREDIT APPLICATION

Applicant: _____
 Firm Name: _____
 Shipping Address: _____

 Billing Address: _____

 Phone:(____) _____
 Fax:(____) _____
 Contact: _____

Corporation: Yes No
 Tax ID: _____
 Type of Business: _____
 Date Established: _____
 Annual Sales: _____
 Officer's Name: _____
 Social Security #: _____
 Home Phone #: _____
 Home Address: _____

BANKING REFERENCES

Bank Name: _____
 Address: _____
 Phone:(____) _____
 Contact: _____
 Ckg. Acct. _____
 Sav. Acct. _____

TRADE REFERENCES

Name: _____
 Address: _____
 Phone: _____
 Contact: _____
 Name: _____
 Address: _____
 Phone: _____
 Contact: _____

LOAN INFORMATION

Type of Loan: _____
 Amount: _____
 Loan #: _____
 Loan Contract: _____
 Comments (if any) _____

TRADE REFERENCES

Name: _____
 Address: _____
 Phone: _____
 Contact: _____
 Name: _____
 Address: _____
 Phone: _____
 Contact: _____

Remarks:

A copy of the most recent Financial Statement and a copy of the Articles of Incorporation of your Corporation must accompany all Net Term requests.

NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____



MICRO INFORMATICA LLC

CREDIT CARD AUTHORIZATION (1)

I, _____, authorize Micro Informatica LLC to charge to my credit card account #:

Card Member and Account # _____ Expiration Date _____

Amount in U.S. dollars \$ _____,
(_____)

Billing Address: _____

I also authorize (Mr.)(Mrs.)(Ms.): _____ (whose identification below: copy of Passport, Driver's License, or other acceptable form of I.D.) to pick up the merchandise purchased at Micro Informatica Corporation, in connection with the above authorization.

In payment of _____
Order Number _____ Invoice Number _____

Furthermore, I fully understand and agree with the (RMA) Return Merchandise Authorization Policy, Warranty Policy guidelines, Credit or Refund, and the No Return Policy on integrated circuits, semiconductors, or flash memory products, of Micro Informatica LLC, as desired in the back of the invoice and will abide by them I also fully understand and agree that I will personally pick up the merchandise in their warehouse, as the shipment of said merchandise is not the responsibility of Micro Informatica LLC.

Signature of Card Holder _____ Date _____ 20____.

Notary Public: _____

NOTE: Please attach a copy of customer's Passport, Driver's License, other acceptable form of I.D. Also, attach a copy of both sides of the credit card. The signature on the credit card must be legible. Signatures on the Credit Card and the I.D. must match.



MICRO INFORMATICA LLC

SALES AND USE TAX CERTIFICATE OF EXEMPTION

Dear Customer:

In compliance with Sales and Use Tax Laws it is necessary that we have from all our customers a signed re-sale certificate. Please complete this form and return via fax to 305-418-3201 along with a copy of your Certificate of Registration.

Thank you

This is to certify that all material, merchandise or goods purchased by the undersigned from MICRO INFORMATICA LLC after _____ is purchased for the following purpose:

- Resale as tangible personal property.
- To be incorporated as a material or part of other tangible personal property to be produced for sale by manufacturing, assembling, processing or refining.
- To be exported for sale, use or consumption outside the continental limits of the United States.
- Other: _____

This certificate shall be considered a part of each order, which we shall give, provided such order contains our certificate number. This certificate is to continue in force until revoked by written notice to the seller or supplier and the Florida Department of Revenue.

Company (Purchaser's) Name

Certificate of Registration No.

Address

Effective Date of Certificate

City State Zip Code

By: _____
Signature of Representative

Date: _____

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MICRO INFORMATICA LLC

NON-RESIDENT DEALER'S CERTIFICATION

I, the non-resident dealer shown below, declare that all merchandise purchased from Micro Informatica LLC will be exported outside the State of Florida for resale and is therefore not subject to the collection of Florida State Tax pursuant to - Florida Statute No. FS.12A-1.064.

Non-resident Dealer Name: _____

Non-resident Dealer Address: _____

Passport #: _____

Country of Issue: _____ Date of Issue: _____

U.S. (1-9) number: _____ Date of Issue: _____

Driver's License #: _____ Issued by: _____

Social Security #: _____

Business name and address in home country: _____

(Attach copies of the Passport Certification page, I-94, Driver's License and Social Security Card, Certificate of Resale, CGC - Ministerio da Fazenda, Business Card.)

I, the non-resident, dealer shown above, do hereby swear, attest and declare that I have provided all the information shown above to Micro Informatica LLC and certify that it is true and correct.

Signed: _____ Name: _____

Date: _____

STATE of FLORIDA)

County of Dade)

On this the _____ day of _____, 20_____, I attest that the preceding document was signed by the party indicated above and that the above document is not a public record, certified be available from the official source other than a notary public.

Notary:



MICRO INFORMATICA LLC

PERSONAL GUARANTEE

I, _____, for and in consideration of your extension of credit to _____ (herein referred to as " the Company ") of which I am _____ (Title), hereby personally guarantee the payment of any obligation to Micro Informatica LLC, (herein referred to as " MIC ") by the company and further agree to bind myself, my heirs and/or estate to pay MIC, an demand, any sum due to MIC by the Company fails to pay said obligations. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive " Notice of Default " " Notice of non-payment ", and further " Notice " thereof, and consent to any modification under the Company account with MIC. I do hereby agree to pay, in addition to any amount due to MIC an unpaid by the Company, all pre-litigation, litigation and post-litigation attorney's fees, filing and administrative fees as well as court costs and any collection agency fees that may be incurred, including a reasonable sum for " Action " herein and that the venue and jurisdiction for implementation and remedy of this guarantee shall rest in Dade County, Florida, United States of America.

Signed by: _____ (Guarantor) Date: _____
Print name: _____ Social Security #: _____
Home Address: _____ Passport #: _____
_____ Expiration Date: _____
_____ County of Issue: _____
Home telephone#: _____ Florida Drivers License: _____
I-94 #: _____

(Attach copies of the Social Security Card, Passport certification page, I-94 and Florida Drivers License.)

CORPORATE GUARANTEE

This Corporate Guarantee is submitted by _____ (herein referred to as " the Company ") to Micro Informatica LLC, (herein referred to as " MIC ") in consideration of extension of credit facilities or acceptance of checks issued by the Company to MIC. The Company hereby guarantees MIC that it will pay any and all amounts due on it's accounts with MIC. Should the Company default on such payments to MIC, the Company agrees to pay interest, in an amount equal to 2% per month of the outstanding amount due, or the maximum provided by Florida law (whichever is less), in addition to the amount due. In the event of default, MIC will enforce this Corporate Guarantee against the Company by whatever legal means available. The Company agrees to pay all pre-litigation, litigation and post-litigation attorney's fees, and administrative fees, as well as court costs and any collection fees incurred by MIC in connection with enforcement of this Corporate Guarantee, including but not limited to a reasonable sum for " Action " herein and accepts that the venue and jurisdiction for the enforcement Corporate Guarantee shall rest in Dade County, Florida, United States of America.

(Note: Copies of all Identification must be attached)

Signed by: _____ (Officer) Date: _____
Name: _____ Title: _____
Passport #: _____ County of issue: _____
Florida Drivers License#: _____ Other I.D.: _____
Company Name: _____ Address: _____
Telephone #: _____ Fax #: _____

STATE of FLORIDA)
County of Dade)

On this the _____ day of _____, 20_____, I attest that the preceding document was signed by the party indicated above and that the above document is not a public record, certified be available from the official source other than a notary public.

Notary:

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MICRO INFORMATICA LLC

CONTINUING TERMS AND CONDITIONS TO INVOICES

Buyer agrees that Micro Informatica may proceed with or without judicial process to take possession of all or any part of any products not already in possession of Micro Informatica and Buyer agrees immediately upon receipt of notice from Micro Informatica to do everything requested by Micro Informatica and to provide Micro Informatica immediate access to Buyer's principal place of business and to every other place where any products or any records may be requested.

Buyer and Micro Informatica acknowledge and agree that they desire to avoid the additional time and expense related to a jury trial of any disputes or claims arising under this agreement. Therefore, it is mutually agreed by and among that parties that they shall and hereby do irrevocably agree waive trial by jury of any cause of action, claim or counterclaim.

In the event that Buyer's residence or principle place of business is outside the jurisdiction of Dade County, Florida, Micro Informatica, in its sole discretion, may elect to bring a suit wherever Buyer or the products are located. In that event, Buyer agrees that it shall be subject to a confession of judgment, without notice or further proceedings, and that the same, upon domestication in the Dade County, Florida, shall be an enforceable judgment.

Signature

Date

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MICRO INFORMATICA LLC

BANK INFORMATION REQUEST

Name of bank where account(s) is held: _____

Date: _____

(Bank Name)

(Bank Address)

(City) (State) (Zip Code)

Gentlemen:

You are hereby authorized to release information to Micro Informatica LLC regarding my account(s) at your bank. Your prompt attention and handling of this request will be greatly appreciated. This authorization will continue in force until you are notified to the contrary. Below is my authorized signature as it appears on your records.

Signature: _____

Name: _____

Company: _____

Address: _____

Business Account No.(s): _____

Loan No.(s): _____

FOR BANK USE ONLY

Please have your banking institution complete this page and return the entire form to:

MICRO INFORMATICA LLC

Account opened: _____ . Current average daily balance: _____

How is account maintained? _____

Loan(s) since: _____ . Highest credit: _____

Current amount outstanding: _____ Secured? _____
Unsecured? _____

Certificates of Deposit or Money Market Account Balance: _____

Does signature and address shown above as account holder correspond to that shown on current signature card? _____

By: _____ Title: _____ Date: _____

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