

Finance use only

Date received _____

Control# _____



CREDIT / ACCOUNT APPLICATION

THIS APPLICATION MUST BE COMPLETED BEFORE AN ACCOUNT CAN BE OPENED

TERMS REQUESTED: Prepaid (Check/Wire Transfer) Credit Card Net terms
(indicate preference)

BANK AND TRADE REFERENCES MUST BE COMPLETED TO BE CONSIDERED FOR NET TERMS

****INCLUDE FINANCIAL STATEMENTS WITH ALL NET TERMS REQUESTS****

Financial statements should be audited and include a balance sheet and an income statement for the most recent two fiscal years and most recent interim income statement and balance sheet. If your company does not undergo an audit, then the financial statements must be certified to be current, accurate and complete by the owner / chief financial officer as evidenced by his or her signature on the financial statements and the date signed. Net terms will not be issued without audited or certified financial statements.

SECTION 1: BUSINESS

Legal Business Name (required)	Business phone number (required)
Business Trade Name or DBA (required if DBA)	Business fax number (required)
Business Street Address or PO Box (required)	Business web-site
City, State, Zip Code (required)	Country (required)
Federal Tax ID Number (FEIN) (required for US customers)	Dunn & Bradstreet Number
Approx. number of employees (required)	Credit Line Desired (required for net terms)
Number of years company has been in business (required)	

Has your company had an account with Qualstar Corporation before: Yes No If yes, what account name and number? _____

Highest sales expected in any one month \$ _____ Amount of initial order \$ _____

Is merchandise for resale? : Yes No If yes, a completed resale certificate is required. (see page 4)



CREDIT / ACCOUNT APPLICATION (Continued)

SECTION 2: OWNERSHIP

- Public Corporation*
 Private Corporation
 Partnership
 Sole Proprietor
 Subsidiary or Division**

* If public, please indicate ticker symbol: _____

** If subsidiary or division, please include name of parent: _____

Does parent company guarantee debt of subsidiary: Yes No

What is the name of your Chief Executive Officer: _____

What is the name of your Chief Financial Officer: _____

What is the name of your Controller: _____

What is the name of your Treasurer: _____

What is the name of your Manager of Purchasing or Purchasing Agent: _____

SECTION 3: TRADE REFERENCES

(Must include a minimum of three related industry purchases during past 12 months - please include contact information where possible)

Company Name (required)	Company Phone (required)	Company Fax (required)	Company email address (required)
Contact Name	Contact Phone	Contact Fax	Contact email address (required)
Company Name (required)	Company Phone (required)	Company Fax (required)	Company email address (required)
Contact Name	Contact Phone	Contact Fax	Contact email address (required)
Company Name (required)	Company Phone (required)	Company Fax (required)	Company email address (required)
Contact Name	Contact Phone	Contact Fax	Contact email address (required)



CREDIT / ACCOUNT APPLICATION (Continued)

SECTION 4: BANK REFERENCES

(if more than one significant banking relationship exists, please attach list)

Bank Name (required)		Contact
Address (Street, City, State, Zip Code)		Checking Account Number (s) (required)
Telephone Number (required)	Fax Number (required)	Savings Account Number (s) (required, if applicable)
E-mail address		Loan Number (s) (required, if applicable)

SECTION 5: AUTHORIZATIONS

IN ORDER TO PREVENT DELAY OF YOUR ORDERING ABILITY, PLEASE MAKE SURE YOU HAVE PROVIDED ALL INFORMATION REQUESTED. ACCOUNTS THAT ARE INACTIVE FOR A 24 MONTH PERIOD WILL BE DELETED. PLEASE ALLOW TWO WEEKS FOR APPLICATION PROCESSING.

This application and agreement is submitted by applicant to Qualstar Sales and Service Corporation (Qualstar), a California Corporation, to obtain trade credit. Qualstar reserves the right, at its sole discretion, to decline credit to applicant and, in the event credit is extended to applicant, change or revoke applicant's credit limit at any time, with or without notice, on the basis of changes in Qualstar's credit policies or applicant's financial condition and/or payment record. In addition, Qualstar reserves the right to periodically request updated financial information provided with this application.

Customer agrees to make payment in full to Qualstar for all amounts due according to the terms and conditions as set forth on Qualstar invoice(s). Customer also agrees to pay Qualstar, as interest, an amount equal to 1.5% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due. Should customer default in any such payment(s), Qualstar shall have the right, without notice to customer, to declare all invoice amounts due and payable. In the event Qualstar should commence any action or actions, or otherwise seek to enforce the terms of this credit application against customer, customer agrees to pay reasonable attorney(s) fees, court costs, and other expenses incurred by Qualstar whether or not suit is filed. This credit application is not transferable or assignable without prior written consent of Qualstar.

Qualstar accepts no responsibility for material returned without Qualstar's customer support authorization.

Applicant hereby agrees to the foregoing and authorizes the release of credit and banking information of the references listed on this application to Qualstar.

Owner/Partner/Corporate Officer - Please Print (required)

Title (required)

Owner/Partner/Corporate Officer Signature (required)

Date (required)

Please fax completed application to Veronica Fernandez, Supervisor of Credit and Collections at (805) 583-7749.



UNIFORM SALES & USE TAX CERTIFICATE – MULTIJURISDICTION

The states listed below have indicated that this form of certificate is acceptable. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: QUALSTAR SALES & SERVICES CORPORATION
 Address: 3990B Heritage Oak Court
 Simi Valley, CA 93063

I certify that:
 Name of Firm: _____ DBA Name: _____
 (Required) (Required if using DBA name)

Street Address: _____ City, State, & Zip: _____
 (Required) (Required)

is engaged as a registered: Wholesaler __ Retailer __ Manufacturer __ Seller (CA) __ Lessor __ Other ____
 and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients, or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:
 Description of business (Required): _____

General description of tangible property or taxable services to be purchased from the seller. Computer hardware, software, and/or related items.

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL 2	_____	LA	<u>state specific form required*</u>	OH	_____
AZ 22	_____	ME	_____	OK 16	_____
AR	_____	MD 10	_____	PA	<u>state specific form required*</u>
CA 3	_____	MA	<u>state specific form required*</u>	RI 17	_____
CO 1	_____	MI 11	_____	SC	_____
CT 4	_____	MN 12	_____	SD18	_____
DC5	_____	MS	_____	TN	_____
FL	<u>state specific form required*</u>	MO13	_____	TX 19	_____
GA 6	_____	NE 14	_____	UT	_____
HI 1,7	_____	NV	_____	VT	_____
ID	_____	NJ	_____	VA	<u>state specific form required*</u>
IL 1,8	<u>state specific form required*</u>	NM	<u>state specific form required*</u>	WA20	_____
IN	_____	NY	<u>state specific form required*</u>	WV	<u>state specific form required*</u>
IA	_____	NC 25	_____	WI 21	_____
KS	_____	ND	_____	WY	<u>state specific form required*</u>
KY 24	_____				

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due directly to the proper taxing authority when state law provides or inform the seller for added tax billing. This certificate shall be a part of each order, which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state. Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature (Required): _____

Title & Date (Required): _____

*For state specific forms, please contact the appropriate State taxing authority. AK, DE, MO, NH, & OR do not require a resale certificate