

SEATTLE ELECTRONICS

A DIVISION OF AUTO PRODUCTS CORPORATION

CUSTOMER APPLICATION (PAGE 2 OF 2) BANK INFORMATION

Please complete the following information regarding your bank accounts.

This information is required in order for us to complete your application process.

We also need the CONFIDENTIAL INFORMATION RELEASE portion signed by an authorized signer on the bank account.

NAME OF BANK: _____

BRANCH: _____

CONTACT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

CHECKING ACCOUNT #: _____

SAVINGS ACCOUNT #: _____

CONFIDENTIAL INFORMATION RELEASE:

I (we), _____, as an officer, principal, trustee, or agent for the below named company, do hereby authorize Seattle Electronics to investigate our company's banking and credit references for the purpose of establishing an open credit account.

Please provide Seattle Electronics with the requested information regarding our activity with your institution.

If you have any questions please contact me at the telephone number below.

Company Name: _____

Phone#: _____

Officer/Representative: _____

***Authorized Signature:** _____

Date _____

*required to process application

In the event of default in the performance of your obligations related to your credit account, you agree to be responsible for payment of reasonable attorney's fees, actual court costs, as well as any other costs incurred in the collection of your account. Your signature below serves as notice that you have read and agreed to the above statements and that all the information stated on this document herein is true and correct and may be investigated by Seattle Electronics.

SIGNATURE: _____

TITLE: _____

DATE SIGNED: _____ / _____ / _____