



Please mail or fax your completed forms with all requested material to the contact below:

Richard Hashim.  
Corsair Memory, Inc.  
46221 Landing Parkway, Fremont, CA 94538

Fax: (510) 743 1188  
Telephone: (510) 657 8747 • Accounting Telephone: (510) 979 3208  
Email: info@corsairmemory.com

# International

## CREDIT APPLICATION

### International Credit Application : Applicant Data

#### COMPANY INFORMATION

Company Name  Years in Business   
 Main Phone  Main Fax

Billing Address

Shipping Address

Parent Company Name   
 Applicant is a (check one)  Division  Subsidiary

**Contact Names**  
 **Accounts Payable**  **Controller**   
 **Accounting E-mail Address**

**Purchasing Agent**  **Other**   
 **Purchasing E-mail Address**

Company Web Address

**Credit Line Request (Per Month)**  **DUNS#**   
 Tax ID#

It is agreed that the buyer will pay all invoices in accordance with state terms and interest will be assessed on delinquent invoices at the rate of 1.5% per month (annual percentage rate 18%) together with any court costs, attorney's fees, and cost of collection the seller may incur in enforcing the terms of this agreement. If legal action becomes necessary by either seller or buyer. It is also agreed that this or any other contemporaneous or subsequent agreement will be governed as to validity, interpretation, construction, effect and in all other respects by the laws of the state of California. The undersigned agrees that the information supplied on this Credit Application is true and correct and authorizes their bank and references to release information as desired by the sellers usual credit investigation.

**Signature**   
 **Print Name**   
 **Title**  **Date**

**Important Note** Please supply your most recent annual financial statement, including balance sheet, income statement, cash flow statement, and accompanying notes. If the annual statement is more than 9 months old, please also supply statements for the last 2 quarters. **Please Provide Resale Certificate with Application.**

**Items in RED indicate required information.**



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## CREDIT APPLICATION

### TRADE REFERENCES

Company Name			
<input type="checkbox"/> Address			
<input type="checkbox"/> City	<input type="checkbox"/> Postal Code	<input type="checkbox"/> Country	
<input type="checkbox"/> Contact	<input type="checkbox"/> Title		
<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax		

1

Company Name			
<input type="checkbox"/> Address			
<input type="checkbox"/> City	<input type="checkbox"/> Postal Code	<input type="checkbox"/> Country	
<input type="checkbox"/> Contact	<input type="checkbox"/> Title		
<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax		

2

Company Name			
<input type="checkbox"/> Address			
<input type="checkbox"/> City	<input type="checkbox"/> Postal Code	<input type="checkbox"/> Country	
<input type="checkbox"/> Contact	<input type="checkbox"/> Title		
<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax		

3

Company Name			
<input type="checkbox"/> Address			
<input type="checkbox"/> City	<input type="checkbox"/> Postal Code	<input type="checkbox"/> Country	
<input type="checkbox"/> Contact	<input type="checkbox"/> Title		
<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax		

4

### BANK INFORMATION

<input type="checkbox"/> Bank Name	<input type="checkbox"/> Branch		
<input type="checkbox"/> Address			
<input type="checkbox"/> City	<input type="checkbox"/> Postal Code	<input type="checkbox"/> Country	
<input type="checkbox"/> Contact	<input type="checkbox"/> Title		
<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax		
<input type="checkbox"/> Account Number	<input type="checkbox"/> Line of Credit		

1

<input type="checkbox"/> Bank Name	<input type="checkbox"/> Branch		
<input type="checkbox"/> Address			
<input type="checkbox"/> City	<input type="checkbox"/> Postal Code	<input type="checkbox"/> Country	
<input type="checkbox"/> Contact	<input type="checkbox"/> Title		
<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax		
<input type="checkbox"/> Account Number	<input type="checkbox"/> Line of Credit		

2

Please provide an updated Financial Statement to promptly expedite any immediate or pending orders