

Computer Circulation Center

Tel: (760) 724-2404

Fax: (760) 724-8808

Trade References

1. Company
Name: _____
Address: _____
Telephone: _____ Fax: _____
Customer Acct. #: _____ Payment Terms: _____

2. Company
Name: _____
Address: _____
Telephone: _____ Fax: _____
Customer Acct. #: _____ Payment Terms: _____

3. Company
Name: _____
Address: _____
Telephone: _____ Fax: _____
Customer Acct. #: _____ Payment Terms: _____

I, _____ (Print Owner/Officer's Name), in consideration of the extension of credit to _____ (Co. Name), Herby personally guarantee payment of all obligations to Computer Circulation Center, Inc.. I (meaning applicant) herby certify that the information provided including attachments of this document are complete, correct and true. You are herby authorized to contact any of the references provided in order to establish our credit with CCC. It is understood and agreed that any invoices considered past due will accrue a 1.5% late charge per 30 days, and that there will be a \$15.00 service fee for each returned check.

Authorized Signature

Signature (Owner/ Officer)

Date ____/____/____

Please Print Name/ Title

Date ____/____/____