



LATTE Communications, Inc.
 675 E. Brokaw Rd. San Jose, CA 95112
 Tel.: 408.452.0800, Fax: 408.452.0802

Customer Initials _____
 Date Signed _____

I. Company Information (Page 1 of 4)

 Company Name

 Authorized Contact Name(s) to place Orders

 D.B.A

 Federal Tax ID No. (or Social Security Number for Proprietorship)

 Name of President/ Owner(s)/ Partners. All partners must be listed. For privately owned firms, list person who has controlling interest.

 Mailing Address

 Shipping Address

 City State Zip code

 City State Zip code

 Telephone Number

 Fax Number

 E-mail Address

 What is your website address?

___ Corporation ___ Partnership ___ Proprietorship
 Type of Business

 Date Business Started No. of Employees

 Has the firm or its Principals ever filed Bankruptcy? If yes, please explain.

 Mode of payment & credit limit requested from LATTE

 A/P Contact (Name, Tel #, Fax #)

 Annual Sales Volume

 Who referred you to LATTE?

 Resale/Sellers Permit #

 Firms outside CA must include a copy of Business License

 Dun & Bradstreet Number

 Any Subsidiaries/ Affiliates?

Facsimile Copy of this Account Application and its Authorizations are as valid as its Original.
 Applicant agrees to pay any collection costs incurred to collect the amount balance, including reasonable legal fees.
 The undersigned is required to submit financial statements. Full consideration of the applicant's request for Net Credit Terms will not be possible without it.

Applicant must include a copy of Resale Permit and/or Business License, Owner's Driver's License & ONE OTHER FORM OF I.D. with this Application. For NET TERMS applicants, include a copy of the company's audited latest Financial and Cash Flows Statements. Original copy of the completed account application forms must be mailed to us.



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II. Credit and Trade Reference: Please provide four references. (Page 2 of 4)

Business Name/ Contact Person	Address, City, State, Zip Code	Telephone Numbers and Fax Numbers	Date Opened	Terms/Credit Limit
		T)		
		F)		
		T)		
		F)		
		T)		
		F)		
		T)		
		F)		

The undersigned as an inducement to grant an account and/or credit warrants that the information submitted is true and correct. The undersigned further authorizes Latte Communications, Inc. to investigate the Credit References listed above.

 Printed Name (1) Signature (1) Title (1)

 Printed Name (2) Signature (2) Title (2)



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IV. BANK REFERENCE AUTHORIZATION (Page 4 of 4)

Bank Name: _____ Date: _____

Attention: _____ Bank Tel.: _____

Title of Bank Officer: _____ Bank Fax: _____

Dear Bank Officer: _____

Our company, _____, is processing an account application with Latte Communications, Inc. We hereby authorized you to furnish them any bank and/or credit information regarding account(s) with you so that they may adequately evaluate our company. **We also authorize to deduct any bank charges (if applicable) from my account by asking for this rating.** Your prompt response to this request would be appreciated. A facsimile copy of this authorization is as valid as its original.*

Sincerely,

 FEDERAL TAX ID NO./SOCIAL SECURITY NO.

 Print Name

 Bank Account Number (1)

 Authorized Signature

 Bank Account Number (2)

*This authorization is valid as long as you have an account with Latte Communications, Inc. If you wish to cancel this request, you are responsible to send the Credit Department of Latte Communications, Inc a request in writing via certified mail

V. BANK VERIFICATION – to be completed by Bank

Bank name/Branch: _____

Name of Officer: _____

Name of the above Account/s per Bank's Records: _____

Type of Account: _____

Date Opened: _____ Current Balance: _____

Credit Rating: _____ Average Daily Balance: _____

Comments: _____

Credit Lines available and/or in use: _____

Return/NSF Check(s)? _____ Last NSF Date: _____

Verified By: _____ Title: _____ Date: _____

URGENT FAX REQUEST!

Upon completion, Bank Officer please reply to:

Latte Communications – Credit Department
FAX: (408) 452-0802
 675 E Brokaw Rd
 San Jose, CA 95112
 TEL: (408) 452-0802





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CALIFORNIA RESALE CERTIFICATE

I HEREBY CERTIFY:

1. I hold valid seller's permit number: _____
2. I am engaged in the business of selling the following type of tangible personal property: _____
3. This certificate is for the purchase from **LATTE COMMUNICATIONS, INC.** of the item(s) I have listed in paragraph 5 below.
4. I will resell item(s) listed in paragraph 5 , which I am purchasing under the resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.
5. Description of property to be purchased for resale:

6.I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

 NAME OF PURCHASER

 SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE

 PRINTED NAME OF PERSON SIGNING TITLE

 ADDRESS OF PURCHASER

 TELEPHONE NUMBER DATE