



40675 Encyclopedia Circle, Fremont, CA 94538

CREDIT APPLICATION

Sales Rep: _____ COD Company Check _____ Net Term _____ Credit Line Requested: \$ _____

COMPANY INFORMATION

Legal Name _____ Business Trade Name _____
Billing Address _____
Shipping Address _____
Telephone _____ Fax _____
Name of Parent _____ Subsidiary _____
Nature of Business: _____ VAR _____ Retail _____ Wholesale _____ Direct Sale _____ Consultant _____
_____ Manufacturer _____ Other _____
Ownership: _____ Corporation _____ Partnership _____ Sole Proprietorship _____
Date Established _____ Annual Sales Volume _____ No. of Employees _____
Top three Computer Lines: 1. _____ 2. _____ 3. _____
Resale No. _____ Dun & Bradstreet No. _____
Flooring Companies: _____ Chrysler First: _____ ITT Finance Corp: _____ Transamerica: _____ Other: _____

NAME AND TITLE OF PRINCIPLE OWNERS OR OFFICERS:

- 1. _____ 2. _____
- 3. _____ 4. _____

We hereby agree to pay the terms of sale listed on each ARISTA Corporation invoice. In case of a credit sale, ARISTA Corporation reserves the right to charge a finance fee of one and one-half percent per each thirty day period or part thereof for any invoice that is past due. In order to induce ARISTA Corporation to extend credit for the purchase of ARISTA Corporation's products and for other good and valuable consideration we hereby convey, grant and transfer to ARISTA Corporation a purchase money security interest in the products and all proceeds therefrom until we perform all of our obligations hereunder. We further agree to pay all collections fees, reasonable attorney fees, court costs, and other expenses incurred by ARISTA Corporation. Signed at _____ on this _____ day of _____ 20____.

Authorized Signature

Print Name and Title

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

To Bank:
Name _____
Address _____

Phone _____ Fax _____

From Customer of ARISTA Corporation
Name _____
Address _____

Phone _____ Fax _____

Please accept this as authorization to release information regarding our accounts listed below to ARISTA Corporation for the purpose of extending credit. I understand that this information will be kept in the strictest confidence between said organization and ARISTA Corporation.

Checking Account No. _____

Savings Account No. _____

Date: _____

Authorized Signature: _____

Print Name and Title: _____

CREDIT APPLICATION

REFERENCES: PRINCIPLE TRADE SUPPLIERS

1) COMPANY _____ CONTACT _____
 NATURE OF BUSINESS _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX: _____ ACCT.NO. _____
 PAYMENT TERMS _____.

2) COMPANY _____ CONTACT _____
 NATURE OF BUSINESS _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX: _____ ACCT.NO. _____
 PAYMENT TERMS _____.

3) COMPANY _____ CONTACT _____
 NATURE OF BUSINESS _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX: _____ ACCT.NO. _____
 PAYMENT TERMS _____.

Note: Your current annual report or financial statements must accompany this agreement for all credit applications requesting net terms.

SALES AND USE TAX CERTIFICATE OF EXEMPTION

The undersigned hereby certifies that he/she holds a valid sales and use tax certificate from the State of _____
 And that he/she is principally engaged in the business of selling _____
 The undersigned also certifies that the tangible personal property, described as follows _____
 Which he/she shall purchase from ARISTA Corporation , which is located at 4053 Clipper Court, Fremont, CA 94538 be for the purpose indicated below. Please check which applies:

_____ Resale in its present form _____ Resale as converted into or as component of a product produced by the undersigned.
 _____ Direct Payment Permit

In the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale or use tax the transactions covered by this certificate, and to the best of my knowledge and belief this declaration is made in good faith, pursuant to sales and use tax law of the aforementioned state.

Purchasers
 Firm Name _____

Certificate of
 Registration No. _____

Address _____

By _____
 Print Name

 Title: Owner, Partner, Corporate Officer