



16000 Carmenita Rd. Cerritos, California 90703 • Tel: 562.407.1717 • Fax: 562.407.1718 • www.savv.com

Revised Date: October 12, 2007

CREDIT / BUSINESS APPLICATION

DATE: _____ OPEN TERMS _____ COD _____ Credit Card _____

COMPANY INFORMATION *** Rep & Rep Salesperson: _____

PLEASE PRINT THE FOLLOWING INFORMATION COMPLETELY AND LEGIBLY

COMPANY NAME: _____ DBA: _____

BILLING ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____ RESALE NO: _____

SHIPPING ADDRESS: _____ CITY, STATE, ZIP: _____

FEDERAL TAX ID: _____ WEBSITE: _____ EMAIL: _____

BUSINESS OWNERSHIP:	<input type="checkbox"/> SOLE PROPRIETORSHIP	BUSINESS TYPE:	<input type="checkbox"/> MOBILE ELECTRONICS
	<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> DETAILING-WINDOW TINTING
	<input type="checkbox"/> CORPORATION		<input type="checkbox"/> CAR DEALER EXPEDITOR
	<input type="checkbox"/> STATE INCORPORATED		<input type="checkbox"/> VEHICLE RESTYLER
			<input type="checkbox"/> AUTO SECURITY
			<input type="checkbox"/> OTHER: _____

ACCOUNTS PAYABLE CONTACT: _____ D & B #: _____ TOTAL SALES PER YR: _____

NO. OF YEARS IN BUSINESS: _____ NO. OF YEARS AT THIS LOCATION: _____ NO. OF EMPLOYEES: _____

PERSONS AUTHORIZED TO PLACE/CANCEL ORDERS: _____

OWNERS/OFFICERS

OFFICER'S NAME (1): _____ TITLE/POSITION: _____

STREET ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

OFFICER'S NAME (2): _____ TITLE/POSITION: _____

STREET ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

TRADE REFERENCES

COMPANY NAME (1): _____ ACCOUNT NO: _____

STREET ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____ CONTACT: _____

COMPANY NAME (2): _____ ACCOUNT NO: _____

STREET ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____ CONTACT: _____

TRADE REFERENCES (CONTINUED)

COMPANY NAME (3): _____ ACCOUNT NO: _____
STREET ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: _____ FAX: _____ CONTACT: _____

COMPANY NAME (4): _____ ACCOUNT NO: _____
STREET ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: _____ FAX: _____ CONTACT: _____

The undersigned authorized release of all credit information requested by SAVV Corp.

SIGNATURE: _____ TITLE: _____
PRINT NAME: _____ DATE: _____

RESALE CERTIFICATE

I hereby certify that:

1. I hold a valid seller's Permit Number _____, issue pursuant to the Sale and Use Tax Law.
2. I am engaged in the business of selling _____.
3. That the tangible personal property described herein, which I shall purchase from SAVV mobile multimedia.

Will be resold by me in the form of tangible personal property; provided, however, that in the event of such property is used for any purpose other than retention, demonstration or display while holding it for sale in the regular course of business, it is understood that I am required by the Sale and Use Tax Law to report an pay tax, measured by the purchase price of such property, or other authorized amount.

Description of property to be purchased: _____

SIGNATURE: _____ PRINT NAME: _____

PERSONAL GUARANTEE (REQUIRED)

In consideration of the extension of credit by SAVV Corporation, guarantor hereby absolutely and unconditionally guarantees (a) the full and prompt payment when due to SAVV Corporation or its order. Whether at maturity, upon acceleration or otherwise, of all indebtedness or liability of buyer to SAVV Corporation under or arising pursuant to this credit application or any dealer agreement, including any extensions, renewals or reductions, or any compromise, indulgence, variation or modification thereof (all of which, together with the expenses referred to above are included in the guarantee), and (b) the performance when due any and all obligations of the buyer required by and under this credit application or dealer agreement, which are permitted or required to be satisfied or performed by the payment or deposit of money. This is a continuing guarantee of payment and performance and not of collection only. This guarantee shall remain in full force and in effect until all obligations under the credit application and/or dealer agreement, have been satisfied and discharged in full and the relationship and/or dealer agreement terminated.

SIGNATURE: _____ TITLE: _____
PRINT NAME: _____ SS#: _____

BANK INFORMATION RELEASE FORM

CUSTOMER SUPPLIED INFORMATION

PLEASE PRINT THE FOLLOWING INFORMATION COMPLETELY AND LEGIBLY

BANK NAME: _____ ATTN: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: _____ FAX: _____

COMPANY NAME: _____ DBA: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: _____ FAX: _____
ACCOUNT NUMBER: _____ TYPE OF ACCOUNT: _____

I, _____, GIVE _____ BANK PERMISSION TO
RELEASE REQUESTED INFORMATION TO SAVV CORPORATION.

SIGNATURE (CUSTOMER): _____ TITLE: _____
PRINT NAME: _____ DATE: _____

BANK REQUESTED INFORMATION

Please provide bank credit information on the account above. This information is requested for use in the extension of credit for business purposes only and will be held in strict confidence.

DATE ACCOUNT OPENED: _____ AVERAGE MONTHLY BALANCE: _____
NUMBER OF NSF CHECKS IN THE LAST 6 MONTHS: _____ NUMBER OF STOP PAYMENTS IN THE LAST 6 MONTHS: _____
LINE OF CREDIT EXTENDED: YES _____ NO _____ IF YES, HOW MUCH \$ _____

SIGNATURE (BANK): _____ TITLE: _____
PRINT NAME: _____ DATE: _____

Please return via fax to (562) 407-1718. Your immediate response will help us expedite their credit application. Thank you.