


Apple Inc.
Credit Application
(Not to be used for Consumer Credit)

Date of Application: _____ Requested Credit Limit *(Required)* _____
(Minimum \$10,000)

Full Legal Business or Institution Name: _____

DBA or Operating Name: _____

Billing Address: _____

City/State/Zip: _____

Physical Address (if different): _____

City/State/Zip: _____

Ship-to Address (if different): _____

City/State/Zip: _____

D&B Number: _____ Tax ID Number: _____

Accounts Payable Contact: _____ Phone: _____

Email: _____ Fax: _____

Purchasing Contact: _____ Phone: _____

Email: _____ Fax: _____

Applicant certifies that the above information is correct and complete and acknowledges that Apple Inc. ("Apple") will rely on this information for the extension of credit. Applicant authorizes Apple at any time, and from time to time, to obtain credit reports on Applicant, or to obtain credit and funding information from other persons or entities. Applicant further agrees to supply such additional information as may be required by Apple to warrant the future extensions of credit or to enable Apple to perfect liens, if required. Applicant acknowledges and agrees that compliance with additional terms and conditions, as set forth in Applicant's agreement(s) with Apple, shall be required. Applicant understands that Apple may elect to extend credit in its sole discretion. Applicant's request for credit may be denied if the information provided does not satisfy Apple's requirements. Applicant also understands that the assigned credit limit may be increased, decreased or terminated at any time at Apple's discretion.

OPT OUT OF ELECTRONIC BILLING

(Signature)

(Name)

(Title)

(Date)

Check this box if you would like to receive paper billing documents by mail. Otherwise, electronic documents will be sent to the Accounts Payable contact provided above.