

Codeware Account Information

6530 Sawyer Loop Rd., Sarasota, FL 34238

Tel. 941.927.2670 Fax 941.927.2459

New account

Date _____

Update to existing account

Company Name _____

Establishment Date _____

DBA (if applicable) _____

Line of Business _____

Gov't. Regis. # _____

Website Address _____

(tax id or other, required)

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Type of Business

Publicly Traded

Government Organization

Privately Held

Other _____

Billing Information

Contact _____

Tel. _____

Email _____

Fax _____

Bill To Address

End Software User(s) Information

Ship To Address

Above address is a freight forwarding firm

Physical Location (Address) of Key No.

Export Information

Purchaser intends to

Use software in the country shipped to

Export software to the following country

(final destination)

Primary User's Name _____

Primary User's Email _____

Primary User's Tel. _____

If software is to be used for a specific project please
provide details below

Physical Location (Address) of Key No.

Primary User's Name _____

Primary User's Email _____

Primary User's Tel. _____

Import/Customs Broker Info (companies outside U.S.)

I have a broker (please provide contact info)

Please arrange to have UPS be my broker

The key no. area will be completed by Codeware when
software is shipped. Please supply all other information.

Additional Key Locations

Physical Location (Address) of Key No. _____

Primary User's Name _____

Primary User's Email _____

Primary User's Tel. _____

Physical Location (Address) of Key No. _____

Primary User's Name _____

Primary User's Email _____

Primary User's Tel. _____

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Application for Extension of Payment Credit Terms

Banking Information *

Bank Name _____
Contact Name _____
Tel. _____
Fax _____
Branch Address _____
City _____
State/Province _____
Zip/Postal Code _____
Country _____
Account Number _____

Trade References (minimum 7 year history) *

Company Name _____
Contact Name _____
Tel. _____
Fax _____
Account No. _____

Company Name _____
Contact Name _____
Tel. _____
Fax _____
Account No. _____

Company Name _____
Contact Name _____
Tel. _____
Fax _____
Account No. _____

Company Name _____
Contact Name _____
Tel. _____
Fax _____
Account No. _____

* By providing this information, you authorize Codeware, Inc. to contact these references to determine eligibility for extension of payment credit terms. If you prefer to pre-pay, these sections do not need to be completed.