**INSTRUCTIONS**: Complete all sections (missing information will delay processing), sign and email to kdeberg@axon.com or fax to: 480-905-2024, attention Kris DeBerg.

Legal Name of Business (Applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DBA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City/State Zip Country

Billing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City/State Zip Country

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A/P Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A/P Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***About your business:*** € Corporation € Limited Liability Company € Partnership € ProprietorshipIf incorporated, list the year and state of incorporation: Year: \_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dun & Bradstreet Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal Tax I.D. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resale License No\*.: \_\_\_\_\_\_\_\_\_Type of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Sales Volume: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt. of Credit Requested: $\_\_\_\_\_\_\_\_\_\_\_ |

\*REQUIRED :Please attach all copies of Resale Licenses.

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| ***Provide the following information for all individual proprietors, corporate officers, or partners:***1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| ***Your Bank Information:***Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Officer/Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Account No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| ***Credit References:***1. Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Terms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Terms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Terms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4. Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Terms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**TERMS AND CONDITIONS & AUTHORIZATION FOR CREDIT AND REFERENCE INFORMATION**

Applicant warrants the foregoing answers and any other financial statements furnished in connection with this application are true and accurate and affirms that it is financially able to meet any commitments made to AXON ENTEPRISE, INC. (AXON). All purchases by applicant of goods and/or services from Axon will be made in accordance with the terms and conditions of this application and Axon’s Sales Terms and Conditions, which is incorporated herein by this reference. The entire outstanding balance due to Axon on all invoices becomes due in full immediately upon default in the payment of any invoice. Applicant agrees to pay a finance charge of 1.5% per month on all invoices outstanding 30 or more days after the date originally due until collected. Applicant agrees to pay any and all attorneys and court fees, costs, and any expenses incurred by Axon in connection with any collection efforts which Axon may have to undertake to collect unpaid balances. Applicant is required to notify Axon of any material change in the information provided, including but not limited to, change of ownership, address or telephone number.

Applicant agrees that upon approval of this application, Axon in its sole discretion, and notwithstanding any request of applicant, has the right to terminate applicant’s credit privileges at any time and without prior notice. The approximate initial amount of credit is not binding upon Axon, nor will Axon incur liability by granting, reducing, increasing or refusing such amount. Applicant authorizes Axon to check applicant and applicant’s principals’ credit history and trade, bank and personal references (whether or not referenced in this application) for customary credit information, to confirm the information contained on the application, including but not limited to, sending a copy of the application to the trade and bank references, and to release information to other creditors regarding applicant’s credit experience with Axon. Applicant also authorizes the bank and credit references listed above to release the required information on its business and personal account(s) to Axon.

**Print Authorized Agent Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONAL GUARANTEE**

The undersigned (Guarantor), having a financial interest in applicant, and benefiting from the transactions contemplated by this application, personally guaranties the payment by applicant to AXON ENTERPRISE, INC. (AXON) all amounts due and owing now, and from time to time thereafter from applicant to Axon (Liabilities). Guarantor expressly waives notice from Axon of its acceptance and reliance on this Guaranty; notice of sales made to applicant and notice of default by applicant. The obligations of Guarantor will not be affected, excused, modified, or impaired upon the happening from time to time of any event. No set-off, counterclaim or reduction of any obligation, or any defense of any kind or nature, which Guarantor has or may have against applicant or Axon, is available to Guarantor against Axon. In the event of a default by applicant on its obligations to Axon, Axon may proceed directly to enforce its rights under this Guaranty and has the right to proceed first against Guarantor, without proceeding with or exhausting any other remedies it may have. Guarantor (i) acknowledges that he or she may have rights of indemnification, contribution, reimbursement or exoneration from applicant if Guarantor performs his or her obligations under this Guaranty (collectively the Rights); (ii) understands the benefits of having such Rights; and (iii) in further consideration of Axon extending financial accommodations to applicant, knowingly and voluntarily waives and relinquishes any Rights which may arise. Guarantor agrees to pay all fees, costs and expenses, including reasonable attorneys’ fees, which may be incurred by Axon in enforcing this Guaranty or protecting its rights following any default on the part of the Guarantor. Guarantor agrees that an interest charge of one and one-half (1.6%) percent per month, or the highest rate permitted by law, whichever is less, will be assessed on any amount due and owing to Axon by Guarantor under this Guaranty until collected. This Guaranty is binding upon Guarantor and Guarantor’s heirs, successors, assigns, representatives and survivors, and inures to the benefit of Axon, its successors, assigns, affiliates and shareholders and may be assigned by Axon without notice to Guarantor. This Guaranty is governed by and interpreted under the laws and decisions of the State of Arizona, without regard to the conflicts of law provisions. Guarantor and Axon irrevocably agree and consent and submit to the non-exclusive jurisdiction of the state or federal courts located in Maricopa County, Arizona with regard to any actions or proceedings arising from, relating to or in connection with the Liabilities, this Guaranty or any collateral or security. Guarantor waives any right Guarantor may have to transfer or change the venue of any litigation filed in such courts. If executed by more than one, the obligations of Guarantor are joint and several and all references to the singular are deemed in the plural. Use of a corporate title in no way limits the personal liability of the personal guaranty signatory below.

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**Print Name Signature Date**

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**Print Name Signature Date**

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| **For AXON ENTERPRISE use only.****Axon Account No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Limit: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_****Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |