



Corporate Headquarters:
743 Camden Avenue, Campbell CA 95008
Phone: (408) 370-7444 Fax: (408) 370-1356

APPLICATION FOR CREDIT

Please Note: All customers must return a signed copy of this application, even if providing an alternate reference sheet. Please fill out and fax this form to (408) 370-1356.

Company Phone #

AP Contact Fax #

E-Mail

Bill To: Ship To:

Circle One: Corporation / Partnership / Proprietorship / Individual Industry Type

Date Company Was Formed Federal Tax ID or Owner's SS#

Taxable? Y / N If No, please include Resale Certificate

Bank Name Account #

Address Phone #

City, State, Zip Contact Name

TRADE REFERENCES

Vendor Name Phone #

Address Account #

City, State, Zip

Vendor Name Phone #

Address Account #

City, State, Zip

Vendor Name Phone #

Address Account #

City, State, Zip

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Automation Controls Terms are: NET 30 Days from invoice date.

Please Sign Here

I certify that the above information is true and correct, and that we will comply with your Net 30 terms of credit.

Signature & Title Print Name Date

FOR INTERNAL USE ONLY:
Date: AM: County:
Priority Code: 1 2 3 (no pending order) D&B :
Territory:
Customer Type: USE OEM WHLSL/DIST
Industry Code: Credit Limit
Resale Card: Yes No N/A
Amt of 1st Order 1st Order C.C.? Y or N
Annual Potential Account#
Enter Acct in TDF
Notify AM