

CUSTOMER CREDIT APPLICATION

YOUR COOPERATION IN PROVIDING THE FOLLOWING CONFIDENTIAL INFORMATION WILL HELP US ESTABLISH YOUR COMPANY ACCOUNT AND BETTER SERVICE YOUR FUTURE NEEDS. **PLEASE PRINT.**

TYPE OF ACCOUNT YOU DESIRE: NET 30 C.O.D. OPEN AMOUNT REQUESTED \$ _____

COMPANY NAME	SHIP TO ADDRESS IF DIFFERENT
ADDRESS	CITY
CITY	STATE/ZIP
STATE/ZIP	AREA CODE / TEL#
AREA CODE / TEL# FAX #	OCCUPATIONAL LICENSE
FEDERAL ID#	

OWNERS / OFFICERS	BANK REFERENCE
NAME TITLE	ACCOUNT #
NAME TITLE	NAME TEL #
NAME TITLE	PO BOX / STREET CITY STATE ZIP

TRADE REFERENCES	
1. NAME TEL# / FAX #	3.NAME TEL# / FAX#
PO BOX / STREET CITY STATE ZIP	PO BOX / STREET CITY STATE ZIP
2. NAME TEL# / FAX#	4.NAME TEL# / FAX#
PO BOX / STREET CITY STATE ZIP	PO BOX / STREET CITY STATE ZIP

Individuals to contact Regarding Payment	Individuals Who Must Approve Orders (if applicable)
NAME	NAME
NAME	NAME
NAME	NAME

CREDIT CONTRACT

It is agreed that if credit is extended to our organization, payments will be tendered in accordance with Access Electronics, Inc. selling terms. Terms of payment are NET 30 days and 1 ½ % finance charge on balance over 30 days. The undersigned also agrees to pay attorney and court costs on any unpaid balances beyond our terms. Please include copy of Resale/Exempt Certificate with application if applicable.

SIGNED _____ **TITLE** _____ **DATE** _____
 Authorized Agent