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CREDIT APPLICATION FOR NEW ACCOUNTS

All accounts are subject to NET 30 terms

Business Name: _____

Billing Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Facsimile: _____

Description of Business: _____

Officers/Partners: _____

Start Date of Business: _____ Form of Business: Corporation

Time at Present Location: _____ (Please check one) Partnership

Annual Sales: _____ Individual

No. of Employees: _____

BANK REFERENCE

Bank Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Facsimile: _____

Account Number: _____

THREE (3) U.S. BASED TRADE REFERENCES

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Facsimile: _____

Account Number: _____
(if available)

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Facsimile: _____

Account Number: _____
(if available)

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Facsimile: _____

Account Number: _____
(if available)