

# centronics

COMMERCIAL ELECTRONIC WHOLESALERS



## CREDIT APPLICATION

Date: \_\_\_\_\_

*All fields must be complete to process application*

Company Name: \_\_\_\_\_

Federal ID#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Credit amount requesting: \_\_\_\_\_

Corp: \_\_\_\_ Partnership: \_\_\_\_ LLC: \_\_\_\_ Other: \_\_\_\_\_ # of Years in Business \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Accounts Payable e-mail: \_\_\_\_\_

Accounts Payable Telephone: (\_\_\_\_) \_\_\_\_\_

Bill To: (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## BANK REFERENCES:

Name of Bank: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Checking Acct#: \_\_\_\_\_ Savings Acct#: \_\_\_\_\_

## TRADE REFERENCES: (minimum of 2 MUST be given)

Company Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Acct#: \_\_\_\_\_

Company Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Acct#: \_\_\_\_\_

**All new accounts must submit a valid Credit Card number for file until payment history is established**

Credit Card# \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

**\*\*\*NOTE CREDIT CARD WILL ONLY BE CHARGED IF CREDIT TERMS ARE NOT MET\*\*\***

AUTHORIZED SIGNATURE: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_