



CREDIT APPLICATION

Company Information:

_____ Legal Name		_____ DBA	
_____ Billing Address	_____ City	_____ State	_____ ZIP Code
_____ Shipping Address	_____ City	_____ State	_____ ZIP Code
_____ AP Contact	_____ AP Phone	_____ AP Email	_____ Email to send invoices

Business Information:

_____ Type of Business		_____ In Business Since	_____ Number of Employees
Business Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship		Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ State of Incorporation	_____ Federal Tax ID #	_____ Annual Sales	_____ Credit Limit Request
		_____ Website	

Principals of Company:

_____ Name	_____ Title
_____ Name	_____ Title

Trade References:

_____ Company Name	_____ Contact Name	_____ Email or Fax
_____ Company Name	_____ Contact Name	_____ Email or Fax
_____ Company Name	_____ Contact Name	_____ Email or Fax

Bank Reference:

_____ Bank Name		_____ Contact Name		_____ Title
_____ City	_____ State	_____ Phone #	_____ Fax #	
_____ Account Type	_____ Account Number	_____ Account Type	_____ Account Number	

Applicant authorizes Master Electronics to obtain credit and financial information for the purpose of establishing an open line of credit. The information above is true and correct to the best of my knowledge and belief.

_____ Name	_____ Title
_____ Signature	_____ Date