



Company Information:

Company Legal Name DBA
Billing Address City State ZIP Code
Shipping Address City State ZIP Code
Website Phone # Fax #

Business Information:

Type of Business (Exporter, Distributor, Manufacturer of..., etc.) In Business Since Number of Employees
Business Structure: Corporation Partnership LLC Sole Proprietorship Tax Exempt: Yes No
State of Incorporation Federal Tax ID # SSN (If applicable) Annual Purchases Annual Sales

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