



SOURCING - INVENTORY - DISTRIBUTION

1242 Kifer Rd.  
Sunnyvale, CA. 94086

### CREDIT APPLICATION / BILLING INFORMATION

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Company Name	Phone Number	Fax Number
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Billing Address	Shipping Address
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City	State	Zip	City	State	Zip
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Type of Business:  
 Sole Proprietor       Partnership       Corporation       Limited Liability Company

Years in Business: \_\_\_ Tax ID # \_\_\_\_\_ Resale # \_\_\_\_\_

#### ACCOUNTS PAYABLE CONTACT

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Name	Title	Phone Number	Fax Number
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#### TRADE REFERENCES ( 3 )

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Company Name	Phone Number	Fax Number
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Company Name	Phone Number	Fax Number
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Company Name	Phone Number	Fax Number
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#### BANK REFERENCES

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Name	City/State/Zip	Phone Number	Account Number
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Authorized Signature	Title	Date
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By signing you certify the above information to be true and correct, that it is submitted for the purpose of obtaining credit with our organization. You hereby authorize us to request and receive credit reports to investigate the credit worthiness of your organization. This form does not guarantee an open line of credit; you will receive a confirmation with a customer number and a copy of our standard Terms and Conditions of Sale.

QUALITY PRODUCTS, COMPETITIVE PRICING AND SERVICE BEYOND YOUR EXPECTATIONS

Phone (408) 830-9822 Fax (408) 830-9682

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