

CREDIT APPLICATION

1275 FAIRFAX AVE. SUITE 202
SAN FRANCISCO, CA 94124
PH 415.643.7032
FAX 415.282.1108
www.eandacables.com



Please fill out completely, sign and return to:

E&A Cables and Accessories, 1275 Fairfax, Ste 202, S.F., CA 94124

Firm Name: _____

Phone: _____ Fax: _____

DBA/Trade Style: _____

Billing Address: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

Do you require Purchase Order Numbers for:
and

Repairs: ___ Sales: ___ Consultations: ___ All: ___

If you use Vendor Numbers, please indicate Eaton

Associates' Number: _____

Other billing requirements:

A/P Contact: _____

A/P Phone Number: _____

Nature of Business: _____

Credit limit requested: _____

Number of Employees: _____

Dun and Bradstreet #: _____ Year firm

was established: _____

Other credit company, Name/#: _____

Please complete the applicable section regarding the legal entity of the company. Section A for Corporation; Section B for Partnership; Section C for Proprietorship.

A. Corporation:

Year firm was established: _____

President: _____

How long at present location: _____

Vice President: _____

Parent Company: _____

Treasurer: _____

City: _____

Fiscal Year End: _____

State: _____

State of Incorporation: _____

B. Partnership:

Year firm was established: _____

Fiscal Year End: _____

How long at present location: _____

Partner: _____

Partner: _____

Home Address: _____

Home Address: _____

City: _____ State: Home

City: _____ State: _____

Home Phone: (_____) _____

Phone: (_____) _____

Social Security #: _____

Social Security #: _____

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C. Proprietorship:

Year firm was established: _____

How long at present location: _____

Proprietor: _____

Fiscal Year End: _____

Home Address: _____

Home Phone:(_____)_____

City: _____ State: _____

Social Security #: _____

Are purchases sales tax-exempt? Yes No
cate.

If applicable, please attach copy of tax-exempt or resale certifi-

If yes, why?

Tax-exempt organization

Tax-exemption #: _____

Purchases are for resale

Resale #: _____

Other:

State: _____

Bank reference:

Name of Bank: _____

Account #: _____

Address: _____

Account #: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Contact: _____

Name of Bank: _____

Account #: _____

Address: _____

Account #: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Contact: _____

Trade reference:

(Please list 4 references)

Name: _____

Address: _____

Account #: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Contact: _____

Name: _____

Address: _____

Account #: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Contact: _____

Name: _____

Address: _____

Account #: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Contact: _____

Name: _____

Address: _____

Account #: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Contact: _____

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Terms and Conditions:

Please read and initial: _____ I have read the Terms and Conditions attached to this credit application, and I agree to the terms and conditions as they are defined.

To the best of our knowledge the above information is complete and accurate. Therefore it can be relied upon in establishing our credit worthiness. It is agreed that the "Net 30 days" terms of sales are understood and will be met. It is further understood and agreed that in the event any charges are not paid when due, the purchaser will pay all of seller's cost of collection, reasonable attorney fees, court costs and a service charge of 1.5% per month from due date of invoice until paid. Purchaser is responsible for ensuring that all orders made for purchaser's account are properly authorized. I hereby authorize the release of information regarding our bank accounts or trade references to AIXTEK for the purpose of establishing a credit account. Credit may be withdrawn by AIXTEK at anytime.

Completed by: _____ Title: _____
(Signature)

Print Name: _____ Date: _____

For Office Use Only:

Bank#1:	Bank#2:
Date Opened:	Date Opened:
Average Balance:	Average Balance:
Return Items:	Return Items:
Comments:	Comments:

Supplier#1:	Supplier#2:
Date Opened:	Date Opened:
Average Balance:	Average Balance:
Return Items:	Return Items:
Comments:	Comments:

Supplier#3:	Supplier#4:
Date Opened:	Date Opened:
Average Balance:	Average Balance:
Return Items:	Return Items:
Comments:	Comments:

References checked by: _____ Approved: _____
Date: _____ Credit Limit: _____
Terms: _____