

ELECTRONIX, LLC

CREDIT APPLICATION

1 Herald Square Fairborn, OH 45324 (937) 878-182

DATE: _____

BUSINESS INFORMATION

DESCRIPTION OF BUSINESS

NAME OF BUSINESS		NO. OF EMPLOYEES	IN BUSINESS SINCE	TYPE OF BUSINESS
LEGAL (IF DIFFERENT)		VENDOR'S LICENSE NO. (MUST HAVE):		
ADDRESS		BUSINESS STRUCTURE		
CITY		<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP		
STATE		<input type="checkbox"/> DIVISION/SUBSIDIARY		
ZIP	PHONE	NAME OF PARENT COMPANY _____		
HOW LONG IN BUSINESS _____				

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

NAME:	TITLE:	ADDRESS:	PHONE:
NAME:	TITLE:	ADDRESS:	PHONE:
NAME:	TITLE:	ADDRESS:	PHONE:

BANK REFERENCES

NAME OF BANK	NAME TO CONTACT
ADDRESS	CITY, STATE, ZIP
CHECKING ACCOUNT NO.	TELEPHONE NUMBER

TRADE REFERENCES

FIRM NAME	CONTACT NAME	TELEPHONE NUMBER	ACCOUNT OPEN SINCE

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I hereby verify that the information in this credit application is correct. The information included in this credit application is for use by Electronix Corp. to determine the amount and conditions of credit to be extended. I understand that Electronix Corp. may also utilize the other sources of credit which it chooses in making this determination. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary for the bank in establishing a line of credit. I agree to the terms of payment listed below.

SIGNATURE _____ TITLE _____ DATE _____

Mail or fax your application to: 1 Herald Square Fairborn, OH 45324 Fax (937) 878-19

Please allow 2-3 weeks. Incomplete applications will delay processing.

TERMS: NET 30 DAYS FROM DATE OF INVOICE

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