

# ELECTRONIX

## CREDIT APPLICATION

1 Herald Square Fairborn, OH 45324 (937) 878-1828

**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. in determining the amount and conditions of credit to be extended. I understand that Electronix Corp. may also utilize the other sources of credit which it considers necessary in making this determination. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Electronix Corp. 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) 878-1972

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

TERMS: NET 30 DAYS FROM DATE OF INVOICE

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