

CREDIT INFORMATION



Please Fax to: (903)236-9477

Date: _____ Company Name: _____

Date Business Started: _____ Telephone: _() ___ - _____ Fax#: _() ___ - _____

Bill To Address:

Street City State Zip Code

Ship To Address:

Street City State Zip Code

Type of Business: Sole Proprietor Partnership Corporation State: _____

Principle Owners/Officers:

1. Name: _____ Office Held: _____ SS#: _____ - _____ - _____

Home Address: _____ Home Phone: () _____ - _____

2. Name: _____ Office Held: _____ SS#: _____ - _____ - _____

Home Address: _____ Home Phone: () _____ - _____

3. Name: _____ Office Held: _____ SS#: _____ - _____ - _____

Home Address: _____ Home Phone: () _____ - _____

Accounts Payable Contact: _____ Phone: () _____ - _____

CREDIT REFERENCES: (PLEASE INCLUDE AT LEAST THREE TRADE CREDIT REFERENCES)

1. Company: _____ Contact: _____ Fax: () _____ - _____

Address: _____ Phone: () _____ - _____

2. Company: _____ Contact: _____ Fax: () _____ - _____

Address: _____ Phone: () _____ - _____

3. Company: _____ Contact: _____ Fax: () _____ - _____

Address: _____ Phone: () _____ - _____

BANKING INFORMATION

Bank: _____ Officer: _____ Fax: () _____ - _____

Account #: _____ Telephone Number: () _____ - _____

TAX EXEMPT YES NO If YES, please attach copy of tax certificate

I CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE. I AUTHORIZE YOU TO CONTACT ANY SOURCE NAMED ABOVE TO VERIFY ANY DATA AND RUN A CREDIT CHECK. I AM AWARE THAT ELECTRONIC DESIGN TECHNOLOGY WILL RELY UPON THIS INFORMATION IN EXTENDING CREDIT TO ME. THE ABOVE INFORMATION MAY BE USED IN COLLECTION OF ANY DEBT.

Signature: _____ Title: _____ Date: _____

Print Full Name