



APPLICATION FOR CREDIT

NAME OF APPLICANT:		
ADDRESS:	YEARS AT THIS ADDRESS:	
CITY:	STATE:	ZIP CODE:
PHONE # :	FAX #:	
E-MAIL ADDRESS:	D&B #	
FEDERAL ID #:	STATE TAX ID #:	

PLEASE PROVIDE HARD COPY OF THE STATE RESALE CERTIFICATE

HEREBY applies for credit in accordance with the terms and conditions of:

ELECTROSWITCH ELECTRONIC PRODUCTS	CREDIT COORDINATOR: JOAN TIPPETT
P.O. BOX 41129	OUR <u>NORMAL</u> CREDIT TERMS: NET 30 DAYS
2010 YONKERS ROAD	PHONE: (888) 768-2797 X321 or (919) 833-0707
RALEIGH NC 27604	FAX: (800) 909-9171 or (919) 833-8016

IF IT BECOMES NECESSARY TO TAKE STEPS TO COLLECT ON ANY DEBT, THE CUSTOMER AGREES TO PAY ALL RESONABLE COLLECTION COSTS, INCLUDING ATTORNEY'S FEES, WHICH ARE NECESSARY TO COLLECT THE DEBT

The following information must be provided. It will be held in the strictest confidence.

Corporations Check here if incorporated within the past 12 months.
 Partnership Individual

OWNERSHIP:

1. _____
Name(s) of Principal(s) Complete Address Zip Code Phone #
2. _____
3. _____
4. _____

FINANCE:

_____ Bank Bank Address

Bank Officer or Department	Account #	Fax #
TRADE REFERENCE	ADDRESS	FAX #

Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) _____

Date: _____ 20____ (Title) _____