

"Service is Our Policy"



APPLICATION FOR CREDIT

Company's Name _____ Phone () _____

Billing Address _____ A/P Contact _____ Phone () _____

City _____ State ____ Zip _____ - _____ FAX () _____

Year established _____ Years at the above location _____

If less than 1 year - Previous Address _____

Type of Business _____ Proprietorship _____ Corporation _____ Partnership _____

Officers/Owners

Name _____ Title _____ Phone () _____

Name _____ Title _____ Phone () _____

Trade References

Name _____ Contact _____ Terms _____

Address _____ City/State/Zip _____

Phone () _____ FAX () _____ Type of Business _____

Name _____ Contact _____ Terms _____

Address _____ City/State/Zip _____

Phone () _____ FAX () _____ Type of Business _____

Name _____ Contact _____ Terms _____

Address _____ City/State/Zip _____

Phone () _____ FAX () _____ Type of Business _____

Bank

Branch Address _____ Acct # _____ Phone () _____

General Information

Are these purchases for resale? YES _____ NO _____ *If yes, attach a resale card to this application.*

Is a Purchase Order always required? YES _____ NO _____ *If no, please list (on a separate sheet) the names of employees who may make purchases and any applicable limits.*

Your signature certifies the above information supplied is true and correct. It also authorizes **Westlake Electronic Supply** to contact any references listed.

terms 1% discount given on invoices dated between 1-15th and paid on the 25th. 1% discount given on invoices dated between 16-31st and paid on the 10th of the following month .. otherwise NET 30 days.

Authorize signature _____ Title _____

Print name _____ Date _____

Phone (_____) _____ Ext _____ Salesman Initials _____