



TERMS:
1. NET 10
2. Minimum \$50.00 per order.

Company Information:

CREDIT APPLICATION

Bill To:

Ship To:

Business Name: _____
 Business Address: _____
 City: _____
 State: _____ Zip: _____
 Telephone: _____
 Fax: _____
 EIN#: _____
 Sales Tax Resale #: _____

Business Name: _____
 Business Address: _____
 City: _____
 State: _____ Zip: _____
 Telephone: _____
 Fax: _____

Business Type:
 Corporation S-Corporation Sole Proprietor Partnership LLC LLP Non-Profit

Credit References: Please provide 3 credit references.

"By providing the following credit references, you are authorizing Electronic Diagnostic and Repair to verify all information you provide."

Business Name: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Years doing business with: _____ Acct Number: _____

Business Name: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Years doing business with: _____ Acct Number: _____

Business Name: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Years doing business with: _____ Acct Number: _____

Bank Account Information

Bank Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Account Number: _____

Ownership Information

Name of Owner: _____
 (First) (MI) (Last)

Account Payable Phone Number: _____
 Name of Account Payable Associate: _____