



CREDIT APPLICATION

INSTRUCTIONS: 1) Complete all the sections below. 2) Sign Credit Application. 3) Include a copy of a **VOIDED** check. Our check guarantee company requires this. **If you have a pre-printed credit sheet, skip section 6 and attach your form.**

Fax completed application to **510-656-2208, Attn: Credit Dept.**

1 – COMPANY INFORMATION

Acct #:

Your sales contact is:

Legal Name:	Doing Business As:
Billing Address:	Shipping Address:
Phone #:	Fax #:
If affiliate, name of parent company:	
Type of Business:	<input type="checkbox"/> Corporation, State: _____ <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership
	<input type="checkbox"/> Other, explain:
Line of Business:	Federal Tax ID #:
Business Start Date:	Bun & Bradstreet D-U-N-S #:
# of Employees:	*Sales Tax Exempt #:
Annual Sales: \$	

* Attach a copy of your company Resale Certificate.

2 – MAIN CONTACTS

Purchaser:	Phone #:
Accounts Payable:	Phone #:

3 – COMPANY OFFICERS / PRINCIPALS

Name:	Title:
Name:	Title:
Name:	Title:

4 – CREDIT LINE REQUESTED

**Terms Requested:	
Limit Requested: \$	Estimated Purchase: \$

** If requesting NET terms, attach financial statements from last year.

5 – BANK REFERENCE

Complete page 3 of CREDIT APPLICATION.
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6 – TRADE REFERENCES (Must provide 5 references)

Company Name:	Phone #:
Address:	Fax #:
	Account #:
Contact:	



CREDIT APPLICATION

BANK CREDIT RATING REQUEST

Request Date: _____

URGENT, Order Pending!

To: _____
Bank Name

Bank Address

Phone #: _____
Fax #: _____
Contact: _____

I authorize you to release credit information about my account(s) standing, credit line, and payment history to Quadrant Components explicitly for establishing an open account and credit line. This information is to be kept within the strictest of confidence.

Re: _____
Your Company Name

Company Address

Authorized Signature: _____
Printed Name: _____
Title: _____

Account #: _____
Checking Acct # _____ Other Acct # _____

****** TO CUSTOMER: Complete ABOVE sections ONLY – THANK YOU ******

To Bank Representative:

Please provide bank credit information on the account number(s) above. This information is requested for use in the extension of credit for business purposes only and will be held in strict confidence. Authorization is above.

Date Open: _____ Average Balance: _____
Credit Lin Available: _____ Open Balance: _____
Re-Payment Habits: Prompt / Slow NSF Checks: Yes / No If yes, how many: _____
General Comments: _____

Reference given by: _____
Signature _____ Position / Title _____
Printed Name _____ Date Completed _____

Please fax back information to **510-656-2208**. Your prompt response is greatly appreciated. Thank you for your assistance.

Sincerely,
Quadrant Credit Department