AVNET®

Reach Further™

CREDIT APPLICATION

Billing / shipping information

Official Company Name: ______________________________

BILL TO: ______________________________

SHIP TO: (if different) ______________________________

MAIN PHONE #: ____________ MAIN FAX: ____________ A/P FAX: ____________

Business information

Check One: ( ) Corporation ( ) Partnership ( ) Proprietorship ( ) Subsidiary of or ( ) Division of ____________

Type of business: ____________ Years in Operation: ____________

.

D & B #: ____________ Resale certificate #: ____________

President /CEO: ____________ Phone: ____________

VP/Finance: ____________ Phone: ____________

Treasurer/Controller: ____________ Phone: ____________

A/P Manager: ____________ Phone: ____________

Bank Information

Bank: ____________ Contact name: ____________

Account #: ____________ Phone: ____________ Commercial Credit Dept Fax #: ____________

Complete Address: ____________ State: ____________ Zip: ____________

Trade References

Reference 1 ____________ Reference 2: ____________

Contact: ____________ Contact: ____________

Phone: ____________ Fax: ____________ Phone: ____________ Fax: ____________

Customer account number: ____________ Customer account number: ____________

Reference 3 ____________

Contact: ____________

Phone: ____________ Fax: ____________

Customer account number: ____________

Return completed application to:

Name:	Avnet Electronics Marketing
Phone:	(800)332-8638
Fax:	(480)643-8545

Permission is granted to above named bank to release requested information regarding this transaction.

Prepared by: ____________ Title: ____________ Date: ____________

(Signature)

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Please allow up to 48 hours for your application to be processed. Thank you for doing business with Avnet.