



(* = Required Fields)

Please **print** this out, complete it, **sign** and **date** it,
then **fax** it directly to our Accounts Receivable Supervisor, Carol Dillon at **(831) 425-1186**

Company Information	section 1
Customer Name (Full Legal Business Name)	*
Parent Company (if applicable)	*
Name of applicant	*
Title of applicant	*
Date of Application (mm/dd/yyyy)	*
Resale No.	*
Dunn & Bradstreet No.	*
Year Established (yyyy)	*
Form of Business Ownership	* Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Company <input type="checkbox"/>
Main Phone Number	*
Accounts Payable Information	section 2
Accounts Payable Contact	*
Accounts Payable Phone	*
Accounts Payable Fax	*
Accounts Payable Email	
End-User or Purchasing Phone	*
Sales Info	section 3
Data Distributing Sales Representative	*
Amount of Initial Sale	*
Amount of Following Sales (if available)	
Tax Information	section 4
Sales tax will be added to invoices for shipments into California, Tennessee, and Washington, unless customer is either a Reseller or Tax Exempt.	
Is Customer a Reseller?	* Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide Resale Certificate for each applicable state. (Seller's Permit does not meet requirement for deferring sales tax.)
Is Customer Tax Exempt?	* Yes <input type="checkbox"/> No <input type="checkbox"/> If yes provide Tax Exemption Document



(* = Required Fields)

Bill To Address		section 5
Name	*	
Address 1	*	
Address 2	*	
City	*	
State/Province	*	
Zip Code	*	
Country	*	
<hr/>		
Ship To Address		section 6
Same as "Bill To"? - Yes <input type="checkbox"/>	(If Yes, no need to duplicate it below. Skip to section 7)	
Name	*	
Address 1	*	
Address 2	*	
City	*	
State/Province	*	
Zip Code	*	
Country	*	
Special Shipping Instructions		
<hr/>		
Principle(s)		section 7
Name	*	
Address 1	*	
Address 2	*	
City	*	
State/Province	*	
Zip Code	*	
Country	*	
<hr/>		
Name		
Address 1		
Address 2		
City		
State/Province		
Zip Code		
Country		
Additional Information		



(* = Required Fields)

Bank Reference		section 8
Name of Bank	*	
Account #	*	
Address 1	*	
Address 2	*	
City	*	
State/Province	*	
Zip Code	*	
Country	*	
Contact	*	
Phone #	*	
Payment Options		section 9
Please select the Payment Option that you would prefer	* Credit Card <input type="checkbox"/> Net Terms <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/>	
Credit References		section 10
Credit Card? – Yes <input type="checkbox"/> (If Yes, skip to section 11)		
Account #	*	
Name	*	
Address 1	*	
Address 2	*	
City	*	
State/Province	*	
Zip Code	*	
Country	*	
Phone No.	*	
Fax No.	*	
Account #	*	
Name	*	
Address 1	*	
Address 2	*	
City	*	
State/Province	*	
Zip Code	*	
Country	*	
Phone No.	*	
Fax No.	*	



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Credit Card Information	section 11
~ Only needed if you intend to use your Credit Card ~	
Name as it appears on card	*
Account Number	*
Expiration Date (mm/dd/yyyy)	*
If the billing address for the Credit Card differs from the address you provided above (in section 5), please complete below.	
Billing Address	
Name	
Address 1	
Address 2	
City	
State/Province	
Zip Code	
Country	

*This application is for the purpose of extension of credit following terms and conditions of the seller.
All information will be held in the strictest of confidence.*

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Signature	Date