

## CREDIT APPLICATION

A COPY OF MOST RECENT YEAR-ENDING FINANCIAL STATEMENTS MUST ACCOMPANY THIS CREDIT APPLICATION IN ORDER FOR PHOENICS TO GRANT TERMS AND ASSIGN A CREDIT LIMIT.

***ALL INFORMATION MUST BE COMPLETE IN ORDER TO PROCESS THIS APPLICATION***

Company name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Fax # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_  
Country \_\_\_\_\_ D & B # \_\_\_\_\_  
Names of Principals of Firm \_\_\_\_\_ CFO \_\_\_\_\_  
Vice-President \_\_\_\_\_ Controller \_\_\_\_\_  
Type of Business \_\_\_\_\_ Number of Employees \_\_\_\_\_  
Credit Line Desired per Month \$ \_\_\_\_\_ Year Company Started \_\_\_\_\_  
Web address: \_\_\_\_\_ Are financials available on website? (circle one) YES NO  
Division/Subsidiary of \_\_\_\_\_ Parent  
Company \_\_\_\_\_  
Parent Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

We, the undersigned, hereby authorize the following credit references to disclose all details necessary to enable Phoenix Electronics to establish an open account:

**Bank References:**

Bank \_\_\_\_\_ Account # \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Phone# \_\_\_\_\_  
\_\_\_\_\_ Fax# \_\_\_\_\_

**Trade References-United States References Preferred:**

(1) Name \_\_\_\_\_ Credit Line \$ \_\_\_\_\_  
Address \_\_\_\_\_ Phone# \_\_\_\_\_  
\_\_\_\_\_ Fax# \_\_\_\_\_  
(2) Name \_\_\_\_\_ Credit Line \$ \_\_\_\_\_  
Address \_\_\_\_\_ Phone# \_\_\_\_\_  
\_\_\_\_\_ Fax# \_\_\_\_\_  
(3) Name \_\_\_\_\_ Credit Line \$ \_\_\_\_\_  
Address \_\_\_\_\_ Phone# \_\_\_\_\_  
\_\_\_\_\_ Fax# \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## CUSTOMER ENTRY FORM

DATE SUBMITTED: _____		<b><u>CHANGE TYPE</u></b>
<b><u>CUSTOMER TYPE:</u></b>		
<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> DISTRIBUTOR	<input type="checkbox"/> ADD NEW
<input type="checkbox"/> INTERNATIONAL	<input type="checkbox"/> OEM	<input type="checkbox"/> CHANGE EXISTING BILL-TO INFORMATION
	<input type="checkbox"/> REPRESENTATIVE	<input type="checkbox"/> CHANGE EXISTING SHIP-TO INFORMATION
		<input type="checkbox"/> CHANGE OTHER _____
SALES REP TO OEM CUSTOMER		
<b><u>BILL-TO INFORMATION</u></b>		<b><u>SHIP-TO INFORMATION</u></b>
CUSTOMER NAME:		CUSTOMER NAME:
ADDRESS:		ATTN:
ADDRESS:		ADDRESS:
CITY:		CITY:
STATE/ PROVINCE:		STATE/ PROVINCE:
POSTAL CODE :	COUNTRY:	POSTAL CODE:      COUNTRY:
TEL:		TEL:
FAX:		FAX:
<b><u>ACCOUNTS PAYABLE CONTACT INFORMATION</u></b>		
AP CONTACT NAME:		AP EMAIL ADDRESS:
AP TEL:		AP FAX:
C ONTROLLER NAME:		TEL:
<b><u>FREIGHT PAYMENT TERMS AND ROUTING INSTRUCTIONS</u></b>		
FREIGHT PAYMENT TERMS:	<input type="checkbox"/> COLLECT	<input type="checkbox"/> CONSIGNEE
		<input type="checkbox"/> 3RD PARTY BILLING
<b><u>Payment Terms Requested: ( Check One Only )</u></b>		
Domestic: <input type="checkbox"/> PIA <input type="checkbox"/> XX N30		
Int'l: <input type="checkbox"/> PIA <input type="checkbox"/> N30		
**PLEASE INDICATE PREFERRED CARRIER, BILLING ACCT #, AND SHIP METHOD BELOW.**		
<u>PREFERRED CARRIER</u>	<u>CARRIER ACCT #</u>	<u>SHIP METHOD(AIR, GROUND)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
SPECIAL COMMENTS/INSTRUCTIONS: _____		
_____		

W-9 can also be filled out online using the following website:

<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3>