

Freelance Electronics CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Contact Name:

Company name:

Phone:

Fax:

E-mail:

Company Address:

City:

State:

ZIP Code:

Federal Tax ID:

BUSINESS AND CREDIT INFORMATION

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

E-mail:

AGREEMENT

*Please return completed application to flaccounting@rcfreelance.com or fax to (562)204-0621.

1. This application is under Net 30 credit terms. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Freelance Electronics to make inquiries into the banking and business/trade references that you have supplied.
4. Approval is contingent upon verification of credit references and other several factors.

SIGNATURES

Title:
Date:

Title:
Date: