

1301 South Tyndall Ave., Tucson, AZ 85713 PHONE: (520) 884-7394 Sales@ElliottElectronicSupply.com

Credit Application

CONTACT INFORMATION							
Company name:							
Phone:			E-mail:				
Billing address:							
City:			State:		ZII	P Code:	
Shipping address:							
City:			State:		ZII	P Code:	
State resale #	City licen			nse #		Federal ID #	
Names of Officer / Owner: Title:							
Accts Payable Contact Name (Required):							
Payables Phone (Required):							
Payables Email (Required):							
Deny merchandise pick up without Purchase Order #: Yes No							
BUSINESS/TRADE REFERENCES							
Company name:							
Address:							
City:			State:	State:		ZIP Code:	
Phone:	Fax:			E-mail:			
Type of account:							
Company name:							
Address:							
City:	St			tate: Z		Code:	
Phone:	Fax:			E-mail:			
Type of account:							
Company name:							
Address:							
City:	S		State:	ate:		Code:	
Phone:	Fax:			E-mail:			
Type of account:							
AGREEMENT							
1. All invoices are to be paid within 30 days of the date of the statement or invoice.							
2. All costs of collection of default of payment, including attorney's fees and court costs, will be paid by the applicant.							
3. By submitting this application, you authorize Elliott Electronic Supply, to make inquiries into the banking							
and business/trade references that you have supplied.							
SIGNATURES							
Sign:				Title:			
oign.				11110.			
Print:				Date:			