



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_ POSTAL CODE/ZIP: \_\_\_\_\_

TELEPHONE: (     ) \_\_\_\_\_ FAX: (     ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_\_ # OF EMPLOYEES \_\_\_\_\_

TYPE OF BUSINESS: Corporation:  Partnership:  Proprietor:

FEDERAL TAX ID (US customers only): \_\_\_\_\_ Amount of Credit Requested: \_\_\_\_\_

**COMPANY CONTACTS:**

1. \_\_\_\_\_ Purchasing  
 2. \_\_\_\_\_ Accounts Payable  
 3. \_\_\_\_\_ Controller

**BANK INFORMATION:**

BANK NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

BANK MANAGER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**TRADE REFERENCES AND CONTACT NAMES** *(do not include Arrow, Future Electronics, DigiKey or Newark):*

1. \_\_\_\_\_ Tel: (     ) \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

2. \_\_\_\_\_ Tel: (     ) \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

3. \_\_\_\_\_ Tel: (     ) \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

I hereby accept your payment terms of net 30 days and agree to pay charges of 2% per month (24% per year) on overdue accounts. I also understand that all accounts past 45 days are automatically placed on Credit Hold unless prior arrangements have been made. I warrant that the above information is true and authorize verification of the above from any source, whatsoever.

**AUTHORIZED SIGNATURE:**

\_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ TELEPHONE: (     ) \_\_\_\_\_

**Please send a copy of the completed form and bank letter to [accounting@ecraftsmen.com](mailto:accounting@ecraftsmen.com)**