



CREDIT APPLICATION - Page 1

Legal name of Firm: \_\_\_\_\_ dba/Subsidiary of \_\_\_\_\_

Web Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP+ 4 \_\_\_\_\_ - \_\_\_\_\_

Year Established \_\_\_\_\_ At Present Location Since: \_\_\_\_\_ Estimated Annual Volume with Zack \$ \_\_\_\_\_

Buyers Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Person Responsible for Payments: \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail. \_\_\_\_\_ This person will receive invoices via email

(Check One)

\_\_\_\_ Corporation (Officer) \_\_\_\_ Partnership (Partner) \_\_\_\_ Sole Proprietorship (Owner)

Incorporated in \_\_\_\_\_

Please Print

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_

(Officer, Partner or Owner)

Are Purchase order numbers required on all orders? ( ) YES ( ) NO

Will your purchases be \_\_\_\_ Taxable (California)  
\_\_\_\_ Non-Taxable (**Please forward a signed resale card with your application**)

To apply for a Net 30 day account, please also complete, and return page 2 of this application which contains trade reference and bank reference information. Person who signs this page must be an authorized signer so that the bank will release verification of deposit.

\* This original credit application must be signed and forwarded to Zack along with an order to be processed for open account.

The Statements contained in this application are true and the undersigned is an authorized agent of the applicant, and has read and understands the terms and conditions as published by Zack Electronics. Applicant hereby authorizes Zack to obtain from any and all sources information to properly ascertain the applicant's capability to meet its financial obligations. The undersigned agrees that should his account be referred to any attorney for collection or a collection agency, the applicant will pay court costs, reasonable attorney's fees and collection expenses, including interest and service charges at 1 1/2% per month (18% per year) on any past due balance, incurred in collecting this account.

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

Call Zack at (800) 466-0449 to place your order or fax your order to (626) 303-8694

[www.zackelectronics.com](http://www.zackelectronics.com)



**Trade References**

Please list (4) Trade references with whom you have had an open account experience during the past 12 months.

1. Company: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

2. Company: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

3. Company: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

4. Company: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

**Banking Information**

Name of Bank: \_\_\_\_\_

Account No: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dear Customer,

Due to the tightening of regulations in the divulging of credit information, banks are now requiring written authorization from their depositor for the release of any information regarding their account.

I give my permission for the release of information from my bank about my account as required on this credit application.

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