



Alfa Electronics, Ltd.
CREDIT APPLICATION

BUSINESS CONTACT INFORMATION			
Title:			
Company Name:		Fed Tax ID:	
Phone:	Fax:	E-mail:	
Registered Company Address:			
City:	State:	ZIP Code:	
Date Business Commenced:			
Sole Proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary Business Address:			
City:	State:	ZIP Code:	
Telephone:	Fax:	E-mail:	
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:	
Type of Account:			
Company Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of Account:			
Company Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of Account:			
AGREEMENT			
<ol style="list-style-type: none"> 1. All invoices are to be paid per the specific credit terms extended, per directive upon invoices. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Alfa Electronics, Ltd. to make inquiries into the banking and business/trade references that you have supplied. 			
SIGNATURES			
		ALFA ELECTRONICS, LTD.	
Title:	Date:	Title:	Date: