

CREDIT APPLICATION

Name of Firm or Individual _____

Years at Address _____

Address _____

Phone Number (Purchasing and Accounting) _____

City _____ State _____ Zip _____

Fax Number (Purchasing and Accounting) _____

Hereby applies for credit in accordance with the terms and conditions of:



10 West Main Street
Carpentersville IL 60110
Phone: 847-428-7171 Fax: 847-551-1343

The following information must be provided. It will be held in strictest confidence.

OWNERSHIP

Taxable ___ Non-Taxable ___ Exempt # _____ Corporation Incorporated within the past 12 months Partnership Individual
If non-taxable, please provide supporting documentation

Name of Principal(s) _____ Complete Address _____ Phone _____

Name of Principal(s) _____ Complete Address _____ Phone _____

Name of Principal(s) _____ Complete Address _____ Phone _____

FINANCIAL INFORMATION

Bank _____ Bank Address _____

Bank Officer _____ Bank Account # _____ Phone & Fax _____

REFERENCES

*** Fax numbers must be provided for all references for application to be processed. Please do not include Motorola, Tessco or Brightpoint. ***

Business Name _____ Complete Address _____ Phone _____
Fax _____

Business Name _____ Complete Address _____ Phone _____
Fax _____

Business Name _____ Complete Address _____ Phone _____
Fax _____

Business Name _____ Complete Address _____ Phone _____
Fax _____

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Date _____ Signed by _____ Form # 4AC000013 Rev C