New Customer Account / Credit Application Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account Information | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | |  | | | | | | | | | | | | | | | | |
| Bill To Address | | | |  | | | | | | | | | Ship To Address | | | | |  | | |
| Buyer Name: | | | |  | | | | | | | | | Consignee Name: | | | | |  | | |
| Tel: | | | |  | | | | | | | | | Tel: | | | | |  | | |
| Fax: | | | |  | | | | | | | | | Fax: | | | | |  | | |
| Email Address: | | | |  | | | | | | | | | Email Address: | | | | |  | | |
| Web Address: | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Accounts Payable Information | | | | | | | | | | | | | | | | | | | | |
| AP Contact: | | | | | |  | | | | | | AP Tel: | | | |  | | | | |
| AP Email: | | | | | |  | | | | | | AP Fax: | | | |  | | | | |
| Credit Line Requested: | | | | | |  | | | | | | Terms Requested: | | | | |  | | | |
|  | | | | | | | |  | | | |  | | | | |  | | | |
| Logistics/Accounting | | | | | | | | | | | | | | | | | | | | |
|  | Attach Tax-Exempt Resale Cert (All US states –  except DC, HI, WV, WY, AK, DE, MT, NH, OR) | | | | | | | | | | | | |  | Attach Signed W-9 Form | | | | |
| Tax ID #: | |  | | | | | Duns #: | | If applicable, CNPJ/CPF #: | | | | | | | | | | |
|  | | |  | | | |  | | | |  | | | | | | | | |
|  | Freight Collect | | | | Freight Account #*:* | | | | | | UPS;  Fedex;  DHL; | | | | | | | | | |
|  | | |  | | | | | | |  | | | | | | | | |
| Bank/Trade References | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **1) Bank Name:** | | **2) Company Name:** | | | Contact name: | | Contact name: | | | Address: | | Address: | | | City: | Postcode: | City: | Postcode: | | Phone: | | Phone: | | | Fax: | | Fax: | | | **Account # :** | | **E-mail:** | | | **3) Company Name:** | | **4) Company Name:** | | | Contact name: | | Contact name: | | | Address: | | Address: | | | City: | Postcode: | City: | Postcode: | | Phone: | | Phone: | | | Fax: | | Fax: | | | **E-mail:** | | **E-mail:** | |   All of the below fields are required to be completed for review and establishment of terms. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Agreement | | | | | | | | | | | | | | | | | | | | |
| The undersigned agrees that all information submitted here is true and correct. By submitting this application, you authorize Symmetry Electronics to make inquiries into the banking and business trade references that you have supplied. I understand and agree to pay freight, insurance and sales tax if the necessary information/documents above are not provided. I agree to Symmetry Electronics’ terms and conditions of sale:  [See full Terms and Conditions on our web site](http://www.semiconductorstore.com/pages/AboutUs/Termsandconditions.asp) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Signature Authorization | | | | | | | | | | | | | | | | | | | | |
| An ***authentic, written signature***is ***required*** to authorize Symmetry Electronics’ request of credit history inquiries from the banking and trade references that you have provided. PLEASE DO NOT TYPE YOUR SIGNATURE.  I have reviewed and agree to the above statement and to Symmetry Electronics’ terms and conditions of sale.  Signature: | | | | | | | | | | | | | | | | | | | | |
| Title:                      Date: | | | | | | | | | | | | | | | | | | | | |
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