

14928 Oxnard Street
Van Nuys, CA 91411-2610
(818) 904-0524 (800) 826-5432
Credit Dept. Fax (818)781-6847
e-mail allcorp@allcorp.com
www.allelectronics.com

CREDIT APPLICATION

In order for all Electronics Corporation to process your credit application quickly and efficiently, it is important to fill out the application completely. Additional comments about your company are welcome. **Please complete both pages and the Bank Authorization form.**

Customer # (if ordered before) _____

Business Name _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Shipping Address (if different than above) _____

City _____ State _____ Zip _____

Are you a branch, division or subsidiary of another company? () Yes () No

Company Name _____

Address _____ City _____ State _____ Zip _____

THIS INFORMATION MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED.

___ Corporation ___ Manufacturer ___ Retailer ___ Partnership ___ Distributor ___ Technical School
___ Proprietorship ___ Wholesaler ___ Other

Products manufactured or distributed _____

Date established or incorporated _____ Approximate annual gross sales _____

Tax Exempt ___ CA Resale # _____ (CALIFORNIA-Attach a signed resale card)

Credit Amount Requested \$ _____

IS A HARD COPY PURCHASE ORDER REQUIRED? () YES () NO

All Electronics Corporation credit terms are NET 30 days, no discounts. The applicant agrees to pay within these terms if credit is approved. All Electronics Corporation reserves the right to close any account if NET 30 terms are not met. By signing this application the applicant acknowledges that all information on this application is true to the best of their knowledge and agrees to our NET 30 credit terms.

Signature (*required*) _____ Title _____ Date _____

Trade References

Full address and fax numbers will help receive the responses in the quickest manner.
(PLEASE TYPE OR PRINT CLEARLY)

1. _____
Company Name

Address

City State Zip

Phone number

Fax number

Account number

2. _____
Company Name

Address

City State Zip

Phone number

Fax number

Account number

3. _____
Company Name

Address

City State Zip

Phone number

Fax number

Account number

4. _____
Company Name

Address

City State Zip

Phone number

Fax number

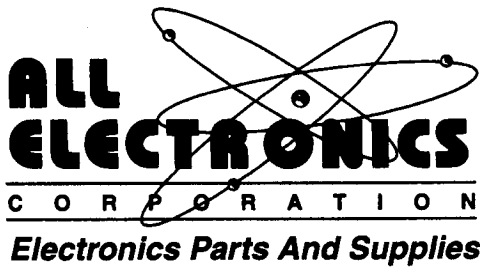
Account number

Bank Information

Account number Type Date opened

Bank name Contact Phone number Fax number

Address City State Zip



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AUTHORIZATION OF RELEASE INFORMATION

Below please find a written authorization for release of credit information. Most banks and financial institutions will not release information without prior written authorization. *We can not complete your credit applications without bank information.*

We hereby authorize _____ to release any
(Bank name)

pertinent information regarding our checking, savings and borrowing accounts
to *ALL ELECTRONICS CORP.* for the purpose of establishing an open account
with said company.

Signed _____ Date _____

Title _____

Company _____

Checking account # _____