

<h1 style="margin: 0;">MASTER DISTRIBUTORS</h1> <p style="margin: 0;">P.O. BOX 25662 LOS ANGELES, CA 90025</p>
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Please print & fill out this Credit Application and fax to your sales location.  
Please include your **TRADE** and **BANK** references. Thank You!

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

Billing Address : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_ Zip : \_\_\_\_\_

Shipping Address : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_ Zip : \_\_\_\_\_

Business Structure :  Corporation  Partnership  Sole Proprietorship # of employees : \_\_\_\_\_

In business since : \_\_\_\_\_

Please list the names of your Owner, President, and Controller :

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Our account is :  Taxable  Resale We purchase from distributors : \$ \_\_\_\_\_ (annually)

Federal I.D. # : \_\_\_\_\_ S.I.C. # : \_\_\_\_\_ Your annual sales : \$ \_\_\_\_\_

Business Type :  Exporter  Distributor  Manufacturer ; What do you manufacture? \_\_\_\_\_

**PLEASE LIST YOUR AUTHORIZED ELECTRONIC COMPONENT BUYERS**

Buyer's Name	Phone	Fax	E-mail	Commodities Purchased
	( )	( )		
	( )	( )		
	( )	( )		
	( )	( )		

In consideration of credit services to be given, I authorize you to contact references and authorize their release of essential information.

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Signature : \_\_\_\_\_ Date Credit Application Signed : \_\_\_\_\_