



**APPLICATION FOR CREDIT – Terms are Net 30 Days, OAC**

<b>Company or Individual Applying for Credit</b>	Name: _____ Division: _____ Physical Address: _____ City/State/Zip: _____ Phone: (        ) _____ Ext. _____ Fax: (        ) _____ Purchasing Contact: _____ Billing Address: _____ City/State/Zip: _____ Phone: (        ) _____ Fax: (        ) _____	Date: ____/____/____ <b>Year Established:</b> _____ <b>Years at this address:</b> _____ <small>(If less than 2 years, please provide previous address on separate page)</small> <b>Web site:</b> _____ @ _____ <b>Accounts Payable Contact:</b> <hr/> <b>Phone:</b> (        ) _____ <b>Email:</b> _____ @ _____
<b>Classification:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> AA Distributor <input type="checkbox"/> Sole Proprietorship	<b>Please Provide Pertinent Company Information below:</b> <small>(Held strictly confidential)</small> <b>Business Credit References:</b> (Please provide at least two businesses, including phone, fax and contact name) <hr/> <hr/> <hr/> <hr/> <hr/>	<b>Resale:</b> ____ No ____ Yes <b>Resale#</b> <small>NOTE: A Signed CA Resale Certification is required for our files.</small> <b>D&amp;B #</b> <hr/> <b>Vendor #</b> <small>(If assigned by your company)</small> <hr/>
<b>Please Note:</b> <b>Typical Processing Time for Credit Applications is 48 hours.</b>	<b>Bank Information:</b> Bank Name: _____ Account#: _____ Address: _____ City/State/Zip: _____ Fax: (        ) _____ Fax: (        ) _____	
<b>VERIFICATION:</b> <small>(Do not fill out this box)</small> <input type="checkbox"/> Checked Bank <input type="checkbox"/> Checked D&B <input type="checkbox"/> Checked References <input type="checkbox"/> CREDIT APPROVED <input type="checkbox"/> CREDIT DENIED	<p align="center"><i><b>I certify that the information herein is true and correct. I fully understand that Anaheim Automation's Terms are strictly Net 30 Days.</b></i></p> ____ Agree to comply to Terms Print Name: _____ Signature: _____ Date: _____	<b>RETURN BY FAX:</b> <b>(714) 992-0471</b> or <b>Mail to address listed below</b> <b>Attn: Accts. Rec.</b>