

Santa Cruz Electronics/Digital Distributors

Supplier of Electronic, Computer and Data Acquisition Products

1) COMPANY INFORMATION

Full legal name/Business Entity	Phone #	Fax #		
Doing Business As (D.B.A.)				
Billing Address	City	State	Zip	
Ship to Address	City	State	Zip	
Company Type:	Partnership	Franchise	Corporation	Other
Accounts payable contact:	Phone #	Fax #		

2) BUSINESS CREDIT INFORMATION

Federal Tax ID	Principal business of firm	Year of business established
At present location since	Is business incorporated?	Under laws of what State?
CA Resale permit #	Do you need a PO# referenced for your purchases?	
Credit line requested		

3) CREDIT REFERENCES

Company name	Contact	Phone #		
Address	City	State	Zip	Fax #
Company name	Contact	Phone #		
Address	City	State	Zip	Fax #
Company name	Contact	Phone #		
Address	City	State	Zip	Fax #
Company name	Contact	Phone #		
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4) BANK REFERENCES

Bank Name	Account #	Contact	Phone #
Address	City	State Zip	Fax #
Bank Name	Account #	Contact	Phone #
Address	City	State Zip	Fax #

5) PROPRIETOR GUARANTY

By signing this application, I acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of, and make all payments to SANTA CRUZ ELECTRONICS/DIGITAL DISTRIBUTORS required by, the agreement of which this application is a part.

First name & middle initial	Last name	Social Security #
Home address	Home phone #	
City	State	Zip
Authorized signature	Date	

If your company is owned by more than one individual, please fill all applicable inquiries out.

First name & middle initial	Last name	Social Security #
Home address	Home phone #	
City	State	Zip
Authorized signature	Date	

CreditApprovalInquiry.doc