

Santa Cruz Electronics

Supplier of Electronic, Computer and CNC equipment Laser Engraving and CNC Machining services.

1) COMPANY INFORMATION

Full legal name/Business Entity	Phone number	Fax number	
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 number	Fax number	

2) BUSINESS CREDIT INFORMATION

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

3) CREDIT REFERENCES

Company name	Contact	Phone number	
Address	City	State Zip	Fax number
Company name	Contact	Phone number	
Address	City	State Zip	Fax number
Company name	Contact	Phone number	
Address	City	State Zip	Fax number

2808 Soquel Avenue, Santa Cruz CA 95062
 Sales & Support (831) 479-5444 - Fax (831) 479-5430
www.santacruzelectronics.com

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4) BANK REFERENCES

Bank Name	Account number	Contact and phone number		
Address	City	State	Zip	Fax number
Bank Name	Account number	Contact and phone number		
Address	City	State	Zip	Fax number

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 required by, the agreement of which this application is a part.

First name	Middle initial	Last name	Social Security number
Home address		Home phone number	
City	State	Zip	
Authorized signature		Today's 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 number
Home address		Home phone number	
City	State	Zip	
Authorized signature		Today's date	

Credit Approval Inquiry.doc
5/17/2005

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