

Western Cable and Components, Inc.

466 W. Arrow Hwy Ste B, San Dimas CA, 91773

909-971-9760 Fax: 909-971-0197

CREDIT APPLICATION

LEGAL COMPANY NAME _____

BILLING / STREET ADDRESS _____ PHONE _____

CITY / STATE / ZIP _____ FAX _____

CEO/OWNER/PRESIDENT _____ S.S.# _____

PROPRIETORSHIP ___ PARTNERSHIP ___ CORPORATION ___ FEDERAL I.D.# _____

STATE IN WHICH BUSINESS IS INCORPORATED _____ HOW LONG IN BUSINESS _____

NATURE OF BUSINESS _____

REQUESTED CREDIT LIMIT \$ _____

TAX EXEMPT NO ___ YES ___ (if yes please send tax exempt form)

ACCOUNTS PAYABLE CONTACT _____ PHONE: _____

BANK REFERENCE

BANK NAME _____ PHONE _____ ACCT# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTACT _____ PHONE _____ FAX _____

PAYMENT TERMS

NET 30 DAYS unless otherwise agreed. Interest reimbursement may be charged on any invoice not paid within 30 days. Rate of reimbursement is 1.5% per month or 18% per annum for any month's extension. I/We authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency. Credit availability and/or termination will be at the discretion of Western Cable and Components. I/We further agree to pay any costs of collection, in the event of default, if the account is placed with an attorney or bonded collection agency.

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with terms.

SIGNED _____

Authorized Signature

Print name

Date

(NOTE: If a Partnership, all partners must sign. If a corporation, an authorized corporate officer must sign)

TRADE REFERENCES

Company

Name _____ Acct# _____

Address _____ City _____ State _____ ZIP _____

Contact _____ Phone _____ Fax _____

Company

Name _____ Acct# _____

Address _____ City _____ State _____ ZIP _____

Contact _____ Phone _____ Fax _____

Company

Name _____ Acct# _____

Address _____ City _____ State _____ ZIP _____

Contact _____ Phone _____ Fax _____