



1355 Shoreway Road
 Belmont, CA 94002
 Tel.: (650) 592-6718
 Fax: (650) 802-1583 / (650) 592-2503
 Email: credit@jameco.com

**Please sign & return:
 Attn: Credit Department**

**Company Credit Application
 Credit Terms: Net 30 Days**

Company Name: _____ Telephone: _____
 Mailing Address: _____ Fax: _____
 City: _____ State: _____ Zip: _____
 Shipping Address: _____ Email: _____
 City: _____ State: _____ Zip: _____

Company Sole Proprietorship Partnership Dun and Bradstreet No.: _____

Years in Business: _____ Line of Business: _____

| | |
|-------------------|-------|
| Owners / Officers | Title |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Bank Reference: One Required

Bank Name: _____ Account No.: _____
 Address: _____ Contact Name: _____
 City: _____ Telephone No.: _____

Trade References: Three Required

| | |
|----------------|--------------------|
| Name: _____ | Phone No: _____ |
| Address: _____ | Account No.: _____ |
| Name: _____ | Phone No: _____ |
| Address: _____ | Account No.: _____ |
| Name: _____ | Phone No: _____ |
| Address: _____ | Account No.: _____ |

Authorized Buyers

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Hard Copy Purchased Order Yes No Verbal Purchased Order Yes No

As an officer of this Company, I hereby grant permission for you to verify the above information. I also guarantee this company to pay any additional costs which may be incurred by JAMECO ELECTRONICS to collect funds owed by us, including but not limited to postage, restock, collection fees, attorney and court costs if such actions should become necessary. The applicant agrees to be bound to all terms and conditions instituted by JAMECO ELECTRONICS or be subject to service charge of 1 ½% per month (18% A.P.R.) or as allowable by law on all balances over due beyond payment terms.

 Name (print or type) Signature Title Date