BUSINESS CREDIT APPLICATION



1355 Shoreway Road, Belmont, CA 94002 | Email: credit@jameco.com | Fax: (650) 802-1583 | Tel: (650) 802-1572

| Please sign and return attention: Credit Department | | | | | |
|---|-------------------|--|-------------|------------------------|--|
| Credit Limit De | Limit Desired: \$ | | | | |
| COMPANY INFORMATION | | | | | |
| Company: | | | | Contact Name: | |
| Billing Address: | | | | | |
| Shipping Address: | | | | | |
| Telephone: | | | | Fax: | |
| тетернопе. | | | | rax. | |
| Send Invoices Via (check one): ☐ Email ☐ Fax ☐ Mail to Jameco's Billing Address | | | | | |
| Email Address or Fax# for Invoice: | | | | | |
| Please select one of the following: | | | | | |
| Company | Sole Proprietors | | Partnership | Dun & Bradstreet No: | |
| | | | | | |
| Years In Business: | | | | Line of Business: | |
| Owners/Officer | | | | | |
| | | | | | |
| | | | | | |
| BANK AUTHORIZATION (ONE REQUIRED) | | | | | |
| Bank Name: | | | | Commercial Checking: | |
| Address: | | | | Account Number: | |
| Telephone: | | | | Other Account Numbers: | |
| Fax: | | | | Authorized Signature: | |
| TRADE REFERENCES | | | | | |
| Company: | | | | | |
| Address: | | | | | |
| Telephone: | | | | Fax: | |
| Company: | | | | | |
| Address: | | | | | |
| Telephone: | | | | Fax: | |
| Ta. | | | | | |
| Company: | | | | | |
| Address: | | | | | |
| Telephone: | | | | Fax: | |
| Authorized Signature Title | | | | Date | |