



TEST EQUIPMENT

Credit Application

Fax Back To (760)723-5251

1. Company Info				
Legal Business Name			Telephone #:	
			Fax #:	
Billing Address		City	State	Zip
			County	
Nature of Business / Industry		Month/Year Established		E-mail
DBA			Business Structure (circle one): Corporation Proprietor Partnership LLC	
Contact Person		Ever Filed Bankruptcy?		Amount of Credit Desired:
2. Accounts Payable Information				
First Name		Last Name		Phone
				Fax
3. Company Bank References				
Name of Bank/Branch	Checking account #	Telephone #	Fax #	Contact Person
Name of Bank/Branch	Checking Account #	Telephone #	Fax #	Contact Person
4. Trade References				
Name		Fax #	Telephone #	Contact Person
Address		City	State	Zip
Name		Fax #	Telephone #	Contact Person
Address		City	State	Zip
Name		Fax #	Telephone #	Contact Person
Address		City	State	Zip
5. Authorization				
<p>By my signature, I hereby authorize Axiom Test Equipment, its employees, officers or assignees to investigate the company's credit and/or obtain a consumer report from a credit-reporting agency. I also authorize any bank, trade or other references to release credit information concerning the company to Axiom. Such authorization shall extend to this application and subsequent updates, renewals, or extensions of such credit or additional credit; and for reviewing or collecting the resulting account, and shall remain in force unless and until revoked by me in writing. In addition, I certify that all information I have provided or will provide with this application is true and complete.</p>			<p>_____</p> <p>Date</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Print Name Title</p>	

This Section for Axiom Internal Use

Sales Representative: _____

Amount of first sale / rental (circle one): \$ _____ Credit Authorized?: yes / no (circle one)

If rental, equipment model & s/n: _____ Credit Limit: _____

Comments: _____
