



Please complete and returned signed copy to Macrotron via fax at (510) 651-6922.

CONFIDENTIAL CREDIT APPLICATION

Company (Applicant)		Business Type		Business Since	
Street Address		Phone		Fax	
City			State		Zip
Shipping Address if Different Than Above Street					
City			State		Zip

Please Check One: **Corporation** **Partnership** **Individual**

State Reseller Permit No.: _____ Federal Tax I.D. No.: _____ Website: _____

Name Parent Corp. with City & Zip Code: _____

Full Name of Owner or Owners (or Authorized Officer of Corporation): _____

Buyer Name	Phone	Fax	E-mail
Credit Limit Requested		Terms Requested	
A/P Name	Phone	Fax	E-mail

Trade References

1. **Company Name** _____ **Contact Name:** _____
Address _____ **Account No.** _____
Phone _____ **Fax** _____ **E-mail** _____
2. **Company Name** _____ **Contact Name:** _____
Address _____ **Account No.** _____
Phone _____ **Fax** _____ **E-mail** _____
3. **Company Name** _____ **Contact Name:** _____
Address _____ **Account No.** _____
Phone _____ **Fax** _____ **E-mail** _____

Bank	Account Number	Checking	Loan	Savings
Bank Contact		Other	Fax	
		Phone		

The information given is warranted to be true and Applicant authorizes the release of all pertinent information necessary for processing the Applicant's request for credit, including bank records and other financial data. Applicant(s) agrees to pay all money due promptly in accordance with the payment terms indicated on Macrotron invoices. Should Applicant default on terms and legal action become necessary, Applicants agrees to pay all collection expenses including administrative costs and attorney's fees.

Authorized Signature _____ Title _____ Date _____

Revised: 12/14/01