

Fouraker Electronics, Inc.  
572-D Appleyard Dr.  
Tallahassee, FL 32304

**CREDIT APPLICATION**

Phone: (850) 574-2537  
Fax : (850) 574-6385  
E-Mail sales@fouraker.com

Please this complete application in its entirety.

**General Information:**

Company Legal Name \_\_\_\_\_ DBA \_\_\_\_\_

Bill to Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Ship to Address (No PO boxes) \_\_\_\_\_ City, State Zip \_\_\_\_\_

Purchasing Phone \_\_\_\_\_ Purchasing Fax \_\_\_\_\_

Purchasing Contact \_\_\_\_\_ Accounting Contact & Fax \_\_\_\_\_

Web Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

- 1. Business Type:     Corporation     Partnership     Sole Proprietorship     Joint venture
- 2. Company Ownership:     Privately Owned     Publicly Owned

(Please list Parent for subsidiary \_\_\_\_\_ )

**Accounting Information:**

- 1. Payment Options:     Open Account US \$ \_\_\_\_\_ (Should reflect anticipated monthly purchase)     C.O.D.
- Credit Card: MasterCard / Visa# \_\_\_\_\_ AmEX# \_\_\_\_\_
- Card Holder Name: \_\_\_\_\_ Expiration: \_\_\_\_\_
- Billing Address (If different from above) \_\_\_\_\_

- 2. Is merchandise for resale? **Y or N**    Resale#: \_\_\_\_\_ (If yes, please attach resale certificate or Reseller form)

- 3. **Standard shipping method** is UPS Ground prepay and add to invoice.  
Please complete below any special standard shipping method you require:

UPS Collect (Acct#: \_\_\_\_\_ )    COMMERCIAL or RESIDENTIAL

PRINT NAME & TITLE \_\_\_\_\_ PHONE / FAX \_\_\_\_\_

**Credit Information:**

- 1. Bank and Trade references: (If not already provided, please attach your company's references sheet that includes the following information, bank and reference name, contact, bank account number, address, phone, and fax.)
- 2. Trade: Name \_\_\_\_\_ Phone # \_\_\_\_\_ Acct# \_\_\_\_\_
- 3. Trade: Name \_\_\_\_\_ Phone # \_\_\_\_\_ Acct# \_\_\_\_\_
- 4. Trade: Name \_\_\_\_\_ Phone # \_\_\_\_\_ Acct# \_\_\_\_\_
- 5. Financial Information: Additional financial information is required at the discretion of the credit department. Please provide name of person to contact for additional information or statements

**In order to secure your order and prevent delays, please make sure you have provided all information requested.**

Buyer hereby authorizes release of any credit and banking information submitted to Fouraker Electronics, Inc. and attests that to the best of his/her knowledge the information in this application is correct and true. Any transactions extended upon approval of credit shall be subject to Fouraker's standard terms and conditions of sale unless otherwise agreed in writing. The buyer agrees to make all payments within agreed payment terms. Buyer agrees to notify Fouraker Electronics of any material change in Customer's financial condition and/or management that may result in any inability to make payments within terms.

SIGNATURE \_\_\_\_\_ PRINT NAME & TITLE \_\_\_\_\_ COMPANY \_\_\_\_\_ DATE \_\_\_\_\_