

PCB FAB EXPRESS

1098 W. Evelyn Ave, Suite#110, Sunnyvale, CA - 94086
408-522-1500 / Fax Back To: (408) 522-1502
OR Email to: support3@pcbfabexpress.com



PCBFABEXPRESS
ONE-STOP PCB FAB & ASSEMBLY

CREDIT APPLICATION

Date: _____

Company Name: _____

Main Phone #: _____

Billing Address: _____

FAX #: _____

City: _____ State: _____

ZIP: _____

Billing Email (Invoices will be sent here): _____

Is the 'Ship To' address the same as the billing address? YES/NO If "No", please show Ship To address

Shipping Address: _____ City: _____

State: _____ Zip: _____

Contact: _____

COMPANY INFORMATION

Sole Proprietor: YES/NO Partnership: YES/NO Corporation: YES/NO Type: _____

Federal ID #: _____ Resale #: _____ Tax Exempt: YES/NO

Years in Business: _____ Annual Sales: _____ Are Financial Statements Available?: YES/NO

CEO Name: _____ Phone #: _____ Email: _____

A/P Contact: _____ Phone #: _____ Email: _____

BANKING INFORMATION

Bank Name: _____ Acct #: _____

Branch Address: _____ City/State/Zip: _____

Bank Contact Name: _____ Phone #: _____ FAX: _____

IF YOUR BANK REQUIRES A PRIVACY RELEASE BEFORE DISCLOSING ACCOUNT BALANCES, PLEASE COMPLETE THE PRIVACY RELEASE FORM ON THE FOLLOWING PAGE.

CREDIT/TRADE REFERENCES

Vendor 1: _____ Contact: _____ Phone: _____

Address: _____ City/State/Zip: _____

Acct #: _____ FAX#: _____

Vendor 2: _____ Contact: _____ Phone: _____

Address: _____ City/State/Zip: _____

Acct #: _____ FAX#: _____

Vendor 3: _____ Contact: _____ Phone: _____

Address: _____ City/State/Zip: _____

Acct #: _____ FAX#: _____

Notes: *Hard copy purchase order are required prior to shipping orders. Tax status should be clearly reflected on PO's for every order. Verbal articulation that your company is "Tax Exempt" or "Items for Resale" will not be accepted.*

Applicants' signature attests to financial responsibility, ability and willingness to pay invoices in accordance with terms set forth by PCB FAB EXPRESS. All sales are assumed to be COD or Credit Card until Terms are approved. Standard Terms are Net 30 days of invoice date. Applicant agrees to pay all costs of collection or legal fees, plus interest in case of default in payment or noncompliance with Terms.

Signature: _____

Title: _____

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PRIVACY RELEASE

I/We have applied to PCB FAB EXPRESS, Sunnyvale, CA to establish credit terms for purchase of their products and services.

In regards to this application, I/We authorize PCBFABEXPRESS to investigate the references submitted pertaining or my/our credit and financial responsibility.

Company Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Main Telephone #: _____

FAX: _____

Authorized Signature: _____
(Company contact authorized to access bank records or is an authorized signer for the bank account)

Printed Name: _____

Title: _____

Date: _____

Bank Name: _____

Account Number: _____