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### BUSINESS APPLICATION FOR CREDIT

APPROVED BY: \_\_\_\_\_ IND/CODE: \_\_\_\_\_

CREDIT LIMIT: \_\_\_\_\_ D&B \_\_\_\_\_

DATE: \_\_\_\_\_ ACCT #: \_\_\_\_\_

**Instructions:** Please complete all parts of the form and sign where indicated below. An original signature by an authorized signatory is required to complete processing.

#### COMPANY

LIMIT REQUESTED: \$ \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ CORP. \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ START DATE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ FED ID#: \_\_\_\_\_

OWNER/PRESIDENT: \_\_\_\_\_ CONTROLLER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

#### BANKS

	(1)	(2)
NAME:	_____	_____
ADDRESS:	_____	_____
	_____	_____
CONTACT:	_____	_____
PHONE#:	_____	_____
ACCT#:	_____	_____

#### TRADE REFERENCES

	(1)	(2)
NAME:	_____	_____
ADDRESS:	_____	_____
	_____	_____
CONTACT:	_____	_____
PHONE#:	_____	_____

	(3)	(4)
NAME:	_____	_____
ADDRESS:	_____	_____
	_____	_____
CONTACT:	_____	_____
PHONE#:	_____	_____

The undersigned hereby certifies that all information provided herein is true and correct. It is agreed this information is provided in order to secure credit for business purpose and the creditor is authorized to conduct any additional investigation deemed necessary to extend credit. It is understood that any extensions of credit may be withdrawn at any time without notice.

In the event the applicant fails to make payment in accordance with the terms of sale stated in the invoice, the creditor shall have the right to access and collect interest on the unpaid balance at the rate of eighteen percent (18%) per annum or at the maximum rate of interest permitted by applicable law, whichever is less, until paid in full. Applicant agrees to pay all collection costs and expenses, including attorney fees incurred to collect or in attempting to collect, such amounts.

DATE: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_

NAME & TITLE: \_\_\_\_\_