

Connecting Solutions... Together

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APPLICATION FOR CREDIT

Company Name:		Phone Numb	er:	Fax Number:	
Delivery Address:		City:		State:	Zip Code:
Billing Address:		City		State	Zip Code:
Type of Business:		DNB #		Manufacturer or Distributor:	
Ownership (check one)		Corporation	Partnership	Individua	I
Years In Business:	Date of Inc: Resale No.:		:		
Bank References:	Prov	ide all requested information i	n order for bank i	response.	
Name of Bank	Address, city, sta	te Account No.	Р	hone No.	Contact Name
Trade References:	(list three)	Providing all information reque	ested will expedite	processing of your o	pplication for credit.
Company Name	Address	Phone No.	А	ccounting Email	Contact Name

AGREEMENT AND CONDITIONS

I hereby authorize an account to be opened for the above-named Company with Electronic Connector Co. for the purchase of products. I understand that payment terms are NET 30 days from the invoice date. I also understand that all overdue payments may be subject to interest at an annual rate of 18% or such lower rate as may be the maximum permitted by law. If any suit or action is instituted for enforcement of the obligations of the undersigned to Electronic Connector Co., including, without limitation, the payment of money, the undersigned agrees to pay Electronic Connector Co. reasonable attorney's fees.

Date:

Name (print):

Title:

Company Name

Signed: