

# NEW CLIENT CREDIT APPLICATION

SALESPERSON \_\_\_\_\_ CREDIT LIMIT/CLIENT CODE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ TITLE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_ (If Billing Address is PO Box, must include Shipping Address)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

Type of Entity:  Proprietorship  Partnership  Corporation  Other: \_\_\_\_\_

If Incorporated: State of Incorporation: \_\_\_\_\_ Year of Incorporation: \_\_\_\_\_

Employer Identification # \_\_\_\_\_ Social Security # (If not Incorporated) \_\_\_\_\_

If trading as a DBA, please enter DBA name \_\_\_\_\_ (Enter legal company name above)

Type of company \_\_\_\_\_

Years in bus \_\_\_\_\_ Years in present location \_\_\_\_\_ # of employees \_\_\_\_\_ Est annual sales \$ \_\_\_\_\_

Has the firm or any of it's principals ever been bankrupt? Yes  No  (If yes, please attach explanation)

## BANK REFERENCE

BANK NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

STREET \_\_\_\_\_ TITLE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ (Required by Bank Policy and RMA Code of Ethics)

## TRADE REFERENCES

COMPANY NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

STREET \_\_\_\_\_ TITLE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

STREET \_\_\_\_\_ TITLE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

### TERMS OF SALE / CREDIT AUTHORIZATION

Our Terms of Sales: All invoices are due and payable upon receipt. Any portion unpaid after 30 days is considered delinquent and future orders may be C.O.D. Delinquent amounts are subject to a service charge of 1.5% per month (18% per year) accumulated on the balance owed. I agree, any unpaid balances are my responsibility and not that of any third party. I also agree, if our account becomes delinquent to pay reasonable costs and expenses of collection, including attorneys fees and court costs. Anchor reserves the right to limit open credit to specific amount. The undersigned hereby authorizes the above named references to disclose any and all information regarding your account to Anchor Computer, Inc.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE PRINT, SIGN AND FAX COMPLETED APPLICATION TO ANCHOR AT 631-293-0891**

1900 New Highway, Farmingdale, NY 11735-1509 Phone 631-293-6100

