



CREDIT APPLICATION FOR NET TERMS

Please print out this page from your web browser. Fill out the Credit Application and fax to 909-839-7681. Once your credit application has been received your account will be considered for Net 30 terms. Please allow approximately 3-4 weeks for approval, depending on how quickly your references respond.

COMPANY INFORMATION

CONTACT NAME:		CALIFORNIA RESALE:	
COMPANY NAME:		FEDERAL TAX ID:	
COMPANY ADDRESS:		IF SUBSIDIARY, INDICATE PARENT CO.:	
CITY, STATE, ZIP:		NUMBER OF EMPLOYEES:	
TELEPHONE:		FAX:	
EMAIL:		YEARS IN BUSINESS:	
ANNUAL SALES VOLUME:	<input type="checkbox"/> \$101-250K <input type="checkbox"/> \$251-500K <input type="checkbox"/> \$501K-1M <input type="checkbox"/> \$1-5M <input type="checkbox"/> \$5M+	BUSINESS TYPE:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (State _____) <input type="checkbox"/> Incorporation <input type="checkbox"/> Other
BUSINESS OPERATED FROM	<input type="checkbox"/> HOME <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OWN <input type="checkbox"/> RENT	DUN#	
NAME OF LANDLORD OR MORTGAGE HOLDER	YEARS _____ NAME _____ PHONE _____	IF LESS THAN TWO YEARS	YEARS _____ NAME _____ PHONE _____
AVERAGE ACCTS PAYABLE AGING		ARE PURCHASE ORDERS USED	

BANK INFORMATION

BANK NAME:		BANK CONTACT NAME:	
BANK CITY, STATE, ZIP:		BANK TELEPHONE:	
BANK ACCOUNT#		BANK ACCOUNT#	

OFFICERS

	Name	ADDRESS:	CITY, ST	PHONE	SOCIAL SECURITY NO.
President					

VP					
Controller					
Other					

TRADE REFERENCES

1) NAME:	ADDRESS	CITY, ST	PHONE	CONTACT
2) NAME:	ADDRESS	CITY, ST	PHONE	CONTACT
3) NAME:	ADDRESS	CITY, ST	PHONE	CONTACT
4) NAME:	ADDRESS	CITY, ST	PHONE	CONTACT

Credit Applicant authorizes Mwave.com/CLT Computers to verify the credit of the company and /or individuals whose Signature appears below.

SIGNATURE:	PRINTED NAME:	DATE: