

ACCELE

ELECTRONICS, INC.

17900 Crusader Ave. Cerritos, CA 90703

Rep: Sales

CONFIDENTIAL BUSINESS APPLICATION

CUSTOMER #: _____ DATE: ___/___/___

CASH	PP	COD
AMX	MC	VSA

1 COMPANY NAME: _____ DBA: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

A/P CONTACT: _____ PHONE: (____) _____ FAX#: (____) _____

A/P CONTACT EMAIL: _____

SHIPPING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PURCHASING CONTACT: _____ PHONE: (____) _____ FAX#: (____) _____

PURCHASING CONTACT EMAIL: _____

BUSINESS OWNERSHIP: SOLE PROPRIETORSHIP / PARTNERSHIP / CORPORATION / STATE INCORPORATED DATE ESTABLISHED: ___/___/___

OF YEARS IN BUSINESS: _____ # OF EMPLOYEES: _____ # OF YEARS AT THIS LOCATION: _____ TOTAL SALES PER YEAR: _____

PERSONS AUTHORIZED TO PLACE ORDERS: _____

CALIFORNIA CUSTOMERS ONLY

CERTIFICATE OF RESALE

The undersigned certifies that electronic components will be purchased from Accele Electronics, Inc. for the purpose of resale.

RESALE #: _____ Conf.

SIGNATURE: _____ TITLE: _____

PLEASE FAX A COPY OF YOUR VALID RESALE CERTIFICATE



COD COMPANY CHECK

BANK REFERENCE

OWNERS/OFFICERS

BANK NAME: _____ NAME: _____ TITLE: _____

BUSINESS ACCT#: _____

PHONE#: (____) _____ FAX#: (____) _____

DRIVER'S LIC. #: _____ STATE: _____

PLEASE FAX A COPY OF A VOIDED COMPANY CHECK



CREDIT CARD AUTHORIZATION

Card Holder Name: _____

Card Holder Phone # _____

Credit Card Number: _____

Visa / MasterCard / AMEX (circle one) Expiration Date: _____ Security Code: _____

CC Billing Address: _____ City: _____ State: _____ Zip: _____

I, _____ of _____

authorize Accele Electronics to process my credit card on orders placed at my request or any amounts past due.

Signature: _____ Date: _____

Printed Name: _____

Phone: 562 809 5090 / 800 788 1212

Fax: 562 809 1248