

Return to our
Corporate
offices at:

P. O. Box 1545
690 East Glendale Ave, Ste 9B
Sparks, Nevada 89432-1545
Voice (775) 359-1121 Fax (775) 358-9309



Application Issued from: Sales Service Accounting

Sierra Electronics POC _____

**CREDIT
APPLICATION**

Business Name _____

Business Address _____ Billing Address _____

Phone# _____ Fax# _____ TIN# or SS# _____

What is your Tax Status? Corporation? Partnership? Association? Sole Proprietor?

Other (describe) _____

Tax exempt? Yes No If yes, attach a copy of your certificate.

What State are you organized in? _____ Date of Incorporation/Organization _____.

Company Name as filed with the Secretary of State _____.

Date of Incorporation/Organization _____.

Principal's Name _____ Phone Number _____
Home Address _____ Social Security# _____

Principal's Name _____ Phone Number _____
Home Address _____ Social Security# _____

AP Contact _____ AP Phone Number _____

AP Email _____

Credit Limit Desired? _____ *(All credit extended to corporations may require a personal guarantee.)*

