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



	om: Sales Service		CREDIT APPLICATION
Sierra Electronics PO	C		THI LICITION
D ' M			
Business Name			<u></u>
Business Address		Billing Address	
Phone#	Fax#	TIN# or S	S#
☐ Other (describe)_ Tax exempt? ☐ Yes	☐ No If yes, attach a c	Partnership? Associa opy of your certificate. ate of Incorporation/Orga	-
Company Name as f	iled with the Secretary	of State	
Date of Incorporation	on/Organization		
Principal's		Phone	
Name		Number	
Home		S	locial
Address		Se	curity#
Principal's		Phone	
_			
Home			ocial ocial
Address		Se	curity#
AP Contact		AP Phone Number	er
AP Email			
Credit Limit Desired?	(All credit ex	tended to corporations ma	y require a personal guarantee.)

Signature	Title	Date
rerify any and all information. The underlays from receipt of goods or services. Soursuit of collecting moneys due to Sier	ion contained herein is correct to the best of their knowledge are signed understands and agrees to pay Sierra Electronics in a talent Any fee's including, but not limited to attorney fee's, court cost a Electronics from customer, such fee's shall be paid by custouid balances. A \$50.00 charge will be assessed for any check te	imely manner, but no later that sts and interest incurred in the mer. Interest of 1 1/2% month
	Fax Number	
Account#	Credit Limit	
Address		
Name	Type of Account	
Phone Number	Fax Number	
Account#	Credit Limit	
Address		
Name	Type of Account	
Phone Number	Fax Number	
Account#	Credit Limit	
Address		
Name	Type of Account	For Office Use
CREDIT REFERE	ENCES	
Account#	Type of Account □ checking □ savi	ngs
Phone #	Fax #	
Address		
	Contact Person	