

# Quantum Microwave CREDIT APPLICATION FOR NET 30 TERMS

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

D&B # \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Federal ID # \_\_\_\_\_ Time in Business: \_\_\_\_\_

Credit Amount Requested \$ \_\_\_\_\_

## FINANCE

\_\_\_\_\_ Bank Name Contact Person

\_\_\_\_\_ Bank Address City State Zip

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Account Numbers  
Phone Fax I \_\_\_\_\_ of \_\_\_\_\_ hereby

## REFERENCES (Trade Accounts ONLY)

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Company Contact Phone Fax email

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Company Contact Phone Fax email

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Company Contact Phone Fax email

Credit privileges are hereby provided for and it is understood and agreed that upon approval, the terms of payment are Net 30 days from the date of invoice. Accounts past due are subject to a 1.5% Service Charge per month. If payment is not received within 30 days, the account will be SUSPENDED and NO CHARGES will be accepted until the account is paid in full.

BY MY SIGNATURE BELOW, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND AGREE TO THE TERMS AS OUTLINED ABOVE.

Name \_\_\_\_\_ Title \_\_\_\_\_  
Date \_\_\_\_\_ please print

Authorized Signature \_\_\_\_\_