

DATACOMM CABLES INC.

155 Marcus Blvd., Hauppauge, NY 11788
Phone: (631) 617-5190 Fax: (631) 617-5184

APPLICATION FOR CREDIT

Official Company Name: _____

Address: _____

Main Phone: _____
Main Fax: _____
A/P Fax: _____

BUSINESS INFORMATION

Check One: () Corporation () Partnership () Proprietorship () Subsidiary of or () Division of _____

Years in Operation: _____ Type of Business: _____

Sales Per Year _____ D&B #: _____ Tax ID#: _____

President/CEO: _____ Treasurer/Controller: _____

VP/Finance : _____ A/P-Manager: _____

BANK INFORMATION

Bank: _____ Contact Name: _____

Account No. _____ Fax: _____

Address: _____

TRADE REFERENCES

Vendor:	_____
Contact:	_____
Phone:	_____
Fax:	_____
Product Provided:	_____
Date Opened:	_____
Terms:	_____
High Credit:	_____

Vendor:	_____
Contact:	_____
Phone:	_____
Fax:	_____
Product Provided:	_____
Date Opened:	_____
Terms:	_____
High Credit:	_____

DATA COMM CABLES INC.

155 Marcus Blvd., Hauppauge, NY 11788
Phone: (631) 617-5190 Fax: (631) 617-5184

APPLICATION FOR CREDIT

TRADE REFERENCES

Vendor:	_____
Contact:	_____
Phone:	_____
Fax:	_____
Product Provided:	_____
Date Opened:	_____
Terms:	_____
High Credit:	_____

Vendor:	_____
Contact:	_____
Phone:	_____
Fax:	_____
Product Provided:	_____
Date Opened:	_____
Terms:	_____
High Credit:	_____

By signing below, I authorize my bank and creditors to release information regarding my account history.

By (signature) _____ Title _____ Date _____

By signing below, I certify that all content supplied on my behalf is true in fact and intent.

By (signature) _____ Title _____ Date _____

Print name signed above

Did your remember to do the following:

- *Provide current fax numbers for all bank and trade references submitted. All financial institutions prefer to correspond via fax.*
- *Sign in the indicated places above. All financial institutions require your signed authorization to release any information about your company.*

Failure to do either one will result in your application not being processed.