



■■■ Reliability in Surge Protection ■■■

Business Credit Application

Check all that apply

Business Name _____ Phone No. _____

Billing Address _____

City _____ State _____ Zip _____

Shipping Address _____

City _____ State _____ Zip _____

____ Branch of ____ Division of ____ Subsidiary of _____

Company Name _____

Billing Address _____

City _____ State _____ Zip _____

Owners or Officers

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

____ Corporation

____ Manufacturer

____ Partnership

____ Distributor

____ Proprietorship

____ Retailer

____ Technical School

____ Installer

Products Manufactured or Distributed _____

Number of Years in Business _____

____ Tax Exempt (attach copy of Resale Certificate).

Resale Number _____

Bank Reference

Account Number _____ Type _____ Date Opened _____

Bank Name _____ Contact _____ Phone No. _____

Address _____

City _____ State _____ Zip _____

References

1. _____
Company Name _____ Phone No. _____

Address _____

City _____ State _____ Zip _____

2. _____
Company Name _____ Phone No. _____

Address _____

City _____ State _____ Zip _____

Controller: _____

3. _____
Company Name _____ Phone No. _____

Address _____

City _____ State _____ Zip _____

4. _____
Company Name _____ Phone No. _____

Address _____

City _____ State _____ Zip _____

Acct. Payable Supr.: _____

Notice: This application is to be filled out by a principal of the business seeking open account status. All information offered will be kept confidential and will be used only to determine your company's credit ability. When approved, our open account policy is Net30 from date of invoice.

Owner/Officer Signature _____

Name _____

Title _____

Date _____

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