



American Sensor Technologies  
(AST), a TE Connectivity company  
450 Clark Drive  
Mount Olive, NJ 07828 USA  
Tel (+1) 973 448 1901  
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www.astensors.com  
www.te.com

### Customer Credit Application

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated Annual Purchases: \$\_\_\_\_ Requested Credit Limit: \$\_\_\_\_  
mm dd yy

Tax Exempt? [ ] Yes [ ] No - If yes, include a copy of your Tax Exemption Certificate (Cert #\_\_\_\_)

Are Purchase Orders used to place orders? [ ] Yes [ ] No, If no, how are orders placed? \_\_\_\_\_.

#### Business Information

Company Legal Name:

\_\_\_\_\_

Trade Name - d/b/a: \_\_\_\_\_ D&B # \_\_\_\_\_

Billing Address:

Shipping Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Ownership: ☐ "C" Corporation ☐ "S" Corporation ☐ Limited Liability

☐ Private ☐ Publicly Held ☐ Non-Profit ☐ Sole Proprietor

Type of Business: ☐ Manufacturer ☐ Dealer / Distributor [ ] Marketing Rep

☐ Other: \_\_\_\_\_

Incorporation: State: \_\_\_\_\_ Year: \_\_\_\_\_ Tax Payer ID# \_\_\_\_\_

#### Contact Information

Ph #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

President:

Purchasing:

Vice President:

Accounts Payable:

Secretary:

Controller:

Treasurer:

Shipping / Receiving:



### **Bank Reference**

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Representative: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_, \_\_\_\_\_

Ph #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fx #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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### **Trade References**

(1) Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Representative: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_, \_\_\_\_\_

Ph #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fx #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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(2) Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Representative: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_, \_\_\_\_\_

Ph #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fx #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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(3) Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Representative: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_, \_\_\_\_\_

Ph #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fx #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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### **Certification**

By signing below, you certify that the information provided above is true and correct to the best of your knowledge. You further authorize us to contact your credit references and solicit a credit report on your company.

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_