



ANALOG MODULES, INC.

Specialists in Analog and Laser Electronics

CREDIT APPLICATION

Company Information

Company Name:	Date:
Parent Company Name:	Main telephone No.:
Bill-to Address:	Ship-to Address:

Date Business Established:	Annual Sales Amount:	
Accounts Payable Contact Name:		
Phone No.:	Fax No.	E-mail:

NOTE: If purchase(s) will be tax exempt, enclose or mail the tax-exempt certificate for AMI's records.

Tax Exempt No.:

Duns No.:

Additional Notes:

126 BAYWOOD AVENUE ♦ LONGWOOD, FL 32750-3426 ♦ USA
(407) 339-4355 ♦ FAX (407) 834-3806 ♦ E-mail: ami@analogmodules.com
www.analogmodules.com
Federal ID# 59-2074349



ANALOG MODULES, INC.

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BANK REFERENCE

Bank Name & Branch:

Contact Name:

Address:

Telephone No.:

Fax No.:

E-mail:

Checking Acct. No.:

Savings Acct. No.:

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Please accept this as authorization to release all requested information to Analog Modules, Inc. for the purpose of extending credit. I / We understand that this information will be kept confidential between your organization and Analog Modules, Inc.

Business Name:

Authorized Signature:

Date:

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TRADE REFERENCES

(PLEASE PROVIDE FOUR CURRENT REFERENCES)

Company Name:	Account No.:
Address:	
Contact Name:	Tel No.:
Email:	Fax No.:

Company Name:	Account No.:
Address:	
Contact Name:	Tel No.:
Email:	Fax No.:

Company Name:	Account No.:
Address:	
Contact Name:	Tel No.:
Email:	Fax No.:

Company Name:	Account No.:
Address:	
Contact Name:	Tel No.:
Email:	Fax No.:

Please return completed forms to: Pat Viera; pviera@analogmodules.com or Fax 407-834-3806

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