



Phoenix Analysis & Design Technologies

7755 S. Research Dr, Suite 110
Tempe, AZ 85284
480-813-4884 Fax 480-813-4807

Date: _____

Application for Credit

Name of Business _____ Phone/Area Code _____

Buisness Address Street _____
City _____ State _____ Zip _____

Type of Business _____ Years in Business _____

Check Type of Ownership

- Individual
- Limited Partnership
- General Partnership
- Incorporation

Fed. Tax ID# _____
(FOR CORP OR PARTNERSHIP)

Resale # _____

Social Security _____
(IF INDIVIDUAL)

CORPORATE OFFICERS:

President _____ Vice President _____

Secretary _____ Controller _____

IF SUBSIDIARY, GIVE PARENT CORPORATE AND LOCATION: _____

TRADE REFRENCES WHERE CREDIT IS ESTABLISHED	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK REFRENCES/ADDRESS	ACCOUNT NUMBERS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUR LATEST FINANCIAL STATEMENT IS REQUIRED FOR THE EXTENSION OF CREDIT TERMS

For the purpose of obtaining credit, the above information is warranted to be true and complete.
Phoenix Analysis & Design Technologies, Inc., is authorized to verify any information submitted to them.

Not withstanding anything to the contrary, the following shall apply to every sale or shipment of goods:

- Open account payment terms are Net 30 days of invoice date.
- Seller reserves the right to withdraw credit at any time at its sole discretion.
- At the time that any invoice shall become past due, the entire unpaid balance of account shall become immediately due and payable.
- Buyer shall be responsible for any and all attorneys fees which may be incurred by the seller in the collection of the account.

SIGNED BY: _____ TITLE: _____ DATE: _____

PRINTED NAME: _____