

Date of Application: _____

Application for Credit (Net 30 OAC Terms)

Please complete and return this document in order to be considered for Net 30 Credit Terms with Anaheim Automation, Inc. Typical processing time for credit applications is approximately 2 business days. If your company has a standard form which includes the information requested below, you may submit that form in lieu of this document.

Company, Agency, University, or Individual Applying for Credit	Accounts Payable Contact: _____	Year Established: _____
	Billing Address: _____	Years at This Address: _____ <i>If less than 2 years, please provide previous address on separate page.</i>
	City/State/Zip: _____	
	Phone: _____	CA Resale: ____ No ____ Yes
	Fax: _____	Resale #: _____
	Email: _____	<i>Please include a signed copy of your CA Resale Certification for our files.</i>
Business Classification: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> AA Distributor <input type="checkbox"/> Sole Proprietorship Business Industry: <input type="checkbox"/> Packaging <input type="checkbox"/> Assembly/Fabrication <input type="checkbox"/> Machine Tool <input type="checkbox"/> Automotive <input type="checkbox"/> Aerospace/Aviation <input type="checkbox"/> Medical <input type="checkbox"/> Bio-Tech <input type="checkbox"/> Transportation <input type="checkbox"/> Robotics <input type="checkbox"/> Other: _____	Please provide pertinent business references below. All information will be held strictly confidential. Two business (minimum) required, including company name, phone number, email, contact name, and approximate annual purchases in USD.	
	Company: _____	Phone: _____
	Contact/Title: _____	Email: _____
	Address: _____	Annual Purchases: \$_____
	City/State/Zip/Country: _____	High Credit Limit: _____
	Company: _____	Phone: _____
	Contact/Title: _____	Email: _____
	Address: _____	Annual Purchases: \$_____
	City/State/Zip/Country: _____	High Credit Limit: _____
	Company: _____	Phone: _____
	Contact/Title: _____	Email: _____
	Address: _____	Annual Purchases: \$_____
City/State/Zip/Country: _____	High Credit Limit: _____	



