



PCBFabrication Official Use Only
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Approved By: _____
Date: _____

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Thank you very much for your interest in applying for NET 30 terms with PCBfabrication.com! Please fill out the following information to the best of your ability.

BUSINESS INFORMATION

OWNER'S NAME: _____	# OF YEARS IN BUSINESS: _____ (Must be at least 1 year)
NAME OF BUSINESS: _____	FEDERAL ID #: _____
TYPE OF BUSINESS: ___ CORPORATION ___ PARTNERSHIP ___ INDIVIDUAL	
If incorporated: State: _____ Date Incorporated: _____	
TELEPHONE NUMBER: () _____	FAX NUMBER: () _____
EMAIL ADDRESS: _____	
BILLING ADDRESS: _____	

(CITY) (STATE) (ZIP)	
SHIPPING ADDRESS: _____	

(CITY) (STATE) (ZIP)	

BANK INFORMATION

NAME OF BANK: _____	_____
BANK ADDRESS: _____	_____

(CITY) (STATE) (ZIP)	
BANK TELEPHONE NUMBER: () _____	ACCOUNT #: _____

CREDIT REFERENCES

BUSINESS NAME	COMPLETE ADDRESS	PHONE #

If you need additional space, feel free to include an additional piece of paper.

Do not forget to sign below.

PCBfabrication.com reserves the right to assign credit terms and credit limits based on information received during its inquiries.

- Invoices not paid within 30 days will be subject to a late charge.
- Any account not paid within 60 days will have Net 30 Terms revoked, and the account will revert to COD, credit card or prepaid terms.

I certify that all the information on this form is correct. I fully understand and agree to honor your credit terms as stated here and on the invoice.

NAME (Please Print)	SIGNATURE	TITLE	DATE
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