



PCBFabricationOfficialUseOnly

Approved LOC: \$ _____

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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