

ALLTRONICS

1773 W. San Bernardino Road, C39, West Covina, CA 91790
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ACCOUNT APPLICATION

Business Name: _____
Address: _____
City: _____ Zip Code: _____
Phone: _____ Fax: _____
Shipping Address: _____
D.B.A.: _____
Former Business Address: (If applied) _____
Seller's Permit NO. _____

| | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|---------------------------------|
| By Fax <input type="checkbox"/> | By Mail <input type="checkbox"/> | By Phone <input type="checkbox"/> | |
| Federal Tax I.D. No. _____ | | | |
| Business License No. _____ | | | |
| Wholesale <input type="checkbox"/> | Retail <input type="checkbox"/> | Import <input type="checkbox"/> | |
| Year Started: _____ | | | |
| Sole Owner <input type="checkbox"/> | Partnership <input type="checkbox"/> | Corporation <input type="checkbox"/> | Others <input type="checkbox"/> |

Principal:

| | | | |
|-----------------|---------|-----------------------|-------------------------|
| _____ | _____ | _____ | _____ |
| (Name) | (Title) | (Social Security No.) | (State Driver Lic. No.) |
| _____ | | _____ | |
| (Home Address) | | (City/State/Zip Code) | |
| _____ | | _____ | |
| (Telephone No.) | | (Date of Birth) | |

Trade References:

| Business Name | Address | Contact | Tel./Fax No. |
|---------------|---------|---------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

Bank Reference:

| Bank Name | Address | Account No. | Contact | Tel./Fax No. |
|-----------|---------|-------------|---------|--------------|
| | | | | |
| | | | | |

Applicant's Signature: _____

Print Name: _____

Title: _____

Date: _____