

BRILL ELECTRONICS

610 E 10th St. Oakland, CA 94606

Please print & fill out this Credit Application and fax to your sales location.
Please include your **TRADE** and **BANK** references. Thank You!

Company : _____ Phone : _____ Fax: _____

Billing Address : _____ City : _____ State : _____ Zip : _____

Shipping Address : _____ City : _____ State : _____ Zip : _____

Business Structure : Corporation Partnership Sole Proprietorship # of employees : _____

In business since : _____

Please list the names of your Owner, President, and Controller :

Name : _____ Title : _____

Name : _____ Title : _____

Name : _____ Title : _____

Our account is : Taxable Resale We purchase from distributors : \$ _____ (annually)

Federal I.D. # : _____ S.I.C. # : _____ Your annual sales : \$ _____

Business Type : Exporter Distributor Manufacturer ; What do you manufacture? _____

PLEASE LIST YOUR AUTHORIZED ELECTRONIC COMPONENT BUYERS

Buyer's Name	Phone	Fax	E-mail	Commodities Purchased
	()	()		
	()	()		
	()	()		
	()	()		

In consideration of credit services to be given, I authorize you to contact references and authorize their release of essential information.

Name : _____ Title : _____

Signature : _____ Date Credit Application Signed : _____