



(\* = Required Fields)

Please **print** this out, complete it, **sign** and **date** it,  
then **fax** it directly to our Accounts Receivable Supervisor, Carol Dillon at **(831) 425-5863** or  
Email it to [cs@datadistributing.com](mailto:cs@datadistributing.com)

<b>Company Information</b>	<b>section 1</b>
Customer Name (Full Legal Business Name)	*
Parent Company (if applicable)	*
Name of applicant	*
Title of applicant	*
Date of Application (mm/dd/yyyy)	*
Resale No.	*
Dunn & Bradstreet No.	*
Year Established (yyyy)	*
Form of Business Ownership	* Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Company <input type="checkbox"/>
Main Phone Number	*
<b>Accounts Payable Information</b> <span style="float: right;"><b>section 2</b></span>	
Accounts Payable Contact	*
Accounts Payable Phone	*
Accounts Payable Fax	*
Accounts Payable Email	
End-User or Purchasing Phone	*
<b>Sales Info</b> <span style="float: right;"><b>section 3</b></span>	
Data Distributing Sales Representative	*
Amount of Initial Sale	*
<b>Tax Information</b> <span style="float: right;"><b>section 4</b></span>	
Sales tax will be added to invoices for shipments into California, Illinois, and Washington, unless customer is either a Reseller or Tax Exempt.	
Is Customer a Reseller?	* Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide Resale Certificate for each applicable state. (Seller's Permit does not meet requirement for deferring sales tax.)
Is Customer Tax Exempt?	* Yes <input type="checkbox"/> No <input type="checkbox"/> If yes provide Tax Exemption Document



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<b>Bill To Address</b>	<b>section 5</b>
Name	*
Address 1	*
Address 2	*
City	*
State/Province	*
Zip Code	*
Country	*
<b>Ship To Address</b> <span style="float: right;"><b>section 6</b></span>	
Same as "Bill To"? - Yes <input type="checkbox"/>	(If Yes, no need to duplicate it below. Skip to section 7)
Name	*
Address 1	*
Address 2	*
City	*
State/Province	*
Zip Code	*
Country	*
Special Shipping Instructions	
<b>Principle(s)</b> <span style="float: right;"><b>section 7</b></span>	
Name	*
Address 1	*
Address 2	*
City	*
State/Province	*
Zip Code	*
Country	*
Name	
Address 1	
Address 2	
City	
State/Province	
Zip Code	
Country	
Additional Information	



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<b>Bank Reference</b>		<b>section 8</b>
Name of Bank	*	
Account #	*	
Address 1	*	
Address 2	*	
City	*	
State/Province	*	
Zip Code	*	
Country	*	
Contact	*	
Phone #	*	
<b>Payment Options</b>		<b>section 9</b>
Please select the Payment Option that you would prefer	* Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Apply for Net Terms <input type="checkbox"/>	
<b>Credit References</b>		<b>section 10</b>
Credit Card? – Yes <input type="checkbox"/> (If Yes, skip to section 11)		
Account #	*	
Name	*	
Address 1	*	
Address 2	*	
City	*	
State/Province	*	
Zip Code	*	
Country	*	
Phone No.	*	
Fax No.	*	
Account #	*	
Name	*	
Address 1	*	
Address 2	*	
City	*	
State/Province	*	
Zip Code	*	
Country	*	
Phone No.	*	
Fax No.	*	



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Credit Card Information	section 11
~ Only needed if you intend to use your Credit Card ~	
Name as it appears on card	*
Account Number	*
3 or 4 digit Security Code	*
Expiration date	*
Expiration date	*
If the billing address for the Credit Card differs from the address you provided above (in section 5), please complete below.	
<b>CREDIT CARD Billing Address</b>	
Name	
Address 1	
Address 2	
City	
State/Province	
Zip Code	
Country	

*This application is for the purpose of extension of credit following terms and conditions of the seller.  
All information will be held in the strictest of confidence.*

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Signature	Date