



**PTC Instruments/PTC Metrology**  
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**APPLICATION FOR CREDIT**

(PLEASE TYPE OR PRINT LEGIBLY)  
 APPLICATION IS HEREBY MADE FOR AN OPEN CREDIT ACCOUNT WITH NET 30 DAY PAYMENT TERMS.

**APPLICANT**

LEGAL NAME OF FIRM: \_\_\_\_\_ SUBSIDIARY OF: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ D & B NUMBER: \_\_\_\_\_

**BILLING ADDRESS**

STREET or PO BOX: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

A/P CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_

VOICE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SHIPPING ADDRESS**

STREET: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**TYPE OF BUSINESS: (Circle One):**                      **Corporation**                      **Partnership**                      **Proprietorship**

DATE ESTABLISHED: \_\_\_\_\_ FEDERAL TAX ID NO.: \_\_\_\_\_

CALIFORNIA RESALE NO.: \_\_\_\_\_ (Please attach resale card).

**BANK REFERENCE**

BANK NAME: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TYPE OF ACCOUNT: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ CONTACT/TITLE: \_\_\_\_\_

VOICE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**TRADE REFERENCES** (You may attach information separately on company letterhead).

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

VOICE: \_\_\_\_\_ VOICE: \_\_\_\_\_

FAX: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT/EMAIL: \_\_\_\_\_ CONTACT/EMAIL: \_\_\_\_\_

**TRADE REFERENCES – CONTINUED**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

VOICE: \_\_\_\_\_

VOICE: \_\_\_\_\_

FAX: \_\_\_\_\_

FAX: \_\_\_\_\_

CONTACT/EMAIL: \_\_\_\_\_

CONTACT/EMAIL: \_\_\_\_\_

**FINANCIAL HISTORY**

Have you ever filed bankruptcy or reorganization for benefit of creditors?	<b>YES</b>	<b>NO</b>	(If yes, give full details on another page).
Have you ever been sued by any person or entity for alleged non-payment of a debt?	<b>YES</b>	<b>NO</b>	(If yes, give full details on another page).
Is your inventory pledged as collateral?	<b>YES</b>	<b>NO</b>	(If yes, give full details on another page).
Are your accounts receivable factored or pledged as collateral?	<b>YES</b>	<b>NO</b>	(If yes, give full details on another page).

**AUTHORIZED PURCHASING AGENTS**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**WRITTEN PO REQUIRED?**                      **YES**                      **NO**

**OTHER REQUIREMENTS** \_\_\_\_\_

The applicant's signature attests financial responsibility and that the information and statements in this application are true and complete, and are made for the purpose of inducing Pacific Transducer Corp. to establish an open account line of credit. Pacific Transducer Corp. is hereby authorized to obtain information it considers necessary from any source concerning the statements in this application. The applicant promises to pay for all purchases in accordance with the terms and conditions as stated below. The applicant further agrees to notify Pacific Transducer Corp. immediately if the applicant becomes insolvent or otherwise unable to meet current obligations and to pay reasonable attorney or collection fees plus interest in case of default in payments in compliance with terms. If, at any time, for any reason, the undersigned is unable to pay for purchase when due, undersigned agrees to pay and authorizes Pacific Transducer Corp. to bill my/our account service charges of 1.5% per month on the unpaid balance. All purchases are deemed made and payment is due at the principle place of business of Pacific Transducer Corp. For any transaction, the undersigned agrees to pay all charges within 30 days following the invoice date. Pacific Transducer Corp. reserves the right to withdraw credit immediately or not to extend credit to the undersigned at its sole discretion at any time. The undersigned wishes to apply for credit with Pacific Transducer Corp. in accordance with these terms and conditions, which have been read, understood and accepted.

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE OF AUTHORIZING OFFICER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PLEASE PRINT NAME