

AOC Alpha & Omega Computer

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Fax (626) 330-9844

RESELLER CREDIT APPLICATION

Terms Requested: Net 30 _____, Net 15 _____, Net 10 _____, COD Company Check _____.

Company Name		_____ Corporation
Address		_____ Proprietorship
		_____ Partnership
City	State	Zip
Phone	Fax	
Contact Person		
Federal EIN	Resale #	D & B #
Date Started	# of Employee	Annual Sale

President / Owner	Social Security #	
Home Phone	Personal ID #	
Home Address		
City	State	Zip

BANK INFORMATION

Bank Name	Contact	
Address		
City	State	Zip
Account #	Phone	

2nd Bank Name	Contact	
Address		
City	State	Zip
Account #	Phone	

THE UNDERSIGNED AUTHORIZES RELEASE OF ALL CREDIT INFORMATION BY ALPHA & OMEGA COMPUTER IN ORDER TO PROCESS THIS CREDIT APPLICATION, THE UNDERSIGNED ACCEPTS THE SALES TERM AND CONDITIONS OFFERED BY ALPHA & OMEGA COMPUTER, AND FURTHER ACKNOWLEDGE THAT ANY CREDIT PRIVILEGES, IF GRANTED, MAY BE WITH DRAWN AT ANY TIME WITHOUT PRIOR NOTICE.

X

SIGNATURE

PRINT NAME / TITLE

DATE

