



Power Divider / Power Combiner Credit Approval Form

Company Information

Business Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Fax: _____

Business Type: Corporation LLC Partnership Proprietorship

Accounts Payable Info (if different)

A/P Contact Person: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Fax: _____

Federal ID#: _____

Owner or Responsible Officer Information

Name: _____ Title: _____

Name: _____ Title: _____

Bank Reference

Bank Name: _____

Account#: _____

Address: _____

Banking Officer: _____

City: _____

Phone: _____ Fax: _____

State: _____ Zip Code: _____

Trade References

(1) Company Name: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____

City: _____

State: _____ Zip Code: _____

(2) Company Name: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____

City: _____

State: _____ Zip Code: _____

(3) Company Name: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____

City: _____

State: _____ Zip Code: _____

Authorization

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to INSTOCK Wireless Components in order to verify the information contained herein.

Authorized Signature: _____

Title: _____

Name (Please Print): _____

Date: _____

- design
- manufacture
- direct sales



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