

CUSTOMER ACCOUNT SET UP APPLICATION

Account No.

(Filled by N.E.M. Electronics Inc)

AN OFFICER, PARTNER OR PROPRIETOR IS REQUIRED TO SIGN AT THE BOTTOM

Business Information: (Complete Legal Business Name Needed)

Business Name	Federal ID#		
DBA Name	Phone#		Fax#
Address	Key Contact Name		
City, State, Zip	Yr. Business Established		
Business Type:	Corp.____	Partnership____	LLC____ Other:_____

Principal Information:(Complete Name(S), Title and Social Security No. Needed)

Last, First, Mi	Title	Social Security No.
Last, First, Mi	Title	Social Security No.

References:

Business Name	Phone#
Address	
Business Name	Phone#
Address	

I(or we, in the event that additional principals guarantors execute this authorization by signing below) certified to the truth of my/ our statement above and authorize N.E.M. Electronics Inc. by my/our signature(S) below (Original or facsimile thereof) to obtain information concerning any statements made herein and individual credit reports may be requested in connection with this application and any subsequent update, renewal, or extension of credit. If I/we request, I/we will be informed whether or not a report was requested and the name and the address of the agency that furnished the report. To the best of my/our knowledge the information I/we have provided is true.

Principal Signature	Printed Name	Title	Date
Principal Signature	Printed Name	Title	Date

Please Note:

- 1)All business must submit a copy of a valid resellers' permit;
- 2)Incomplete applications will be returned. Please verify that all information is complete to avoid delay in processing.