

800-653-4252

Escan

CREDIT APPLICATION

Requested terms (check one)
 COD-company check _____ Amount
 Net 30 days open account _____ Amount

Company or Corporate Name (Exact Legal Name)		Doing Business As		Telephone No.	
Address		City		State	
Shipping Address (if more than one, attach separate list)		City		State	
				Zip Code	

Business is a: (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	(check one) <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Proprietor
Year Started _____ State of Inc. _____	Name: _____
Are you a <input type="checkbox"/> subsidiary or <input type="checkbox"/> division	Home Address: _____
Parent Company Name: _____	City: _____ State: _____ Zip: _____
Address: _____	Home Phone: _____
City: _____ State: _____ Zip: _____	Social Security Number: _____

Fax No. _____ Accts. Payable Contact _____

Name of Controller _____ Phone _____ Email _____

Has this firm ever filed for bankruptcy? _____ (Y/N) If yes, please attach explanation. DUN's # _____

Do you require a purchase order number before we accept an order? _____ (Y/N)

Bank References

1. Bank/Bank Officer	Phone No.	Bank/Credit Dept. Fax No.
Street Address	City, State, Zip Code	Date Opened
Type of Account: <input type="checkbox"/> Checking No. _____ <input type="checkbox"/> Savings No. _____ <input type="checkbox"/> Loan No. _____		

Credit References (Major Suppliers)

1. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.
2. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.
3. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.
4. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.

This credit application and agreement is submitted by Customer to Escan in order to obtain trade credit. Customer agrees to make payment in full to Escan for all amounts due according to Escan's invoice on or before net due date. Customer also agrees to pay interest on all amounts that are past due. Interest can be charged monthly at 1.5%. If Customer should default in any payment(s), Escan has reserved the right to declare all invoice amounts due and payable without notice to Customer. Additionally, Customer will be responsible for all collection costs and attorney fees, whether suit is filed or not, in order to collect any delinquent amount. Customer also agrees to provide Escan with updated credit information on request and to provide an annual statement to Escan as a condition for the continued extension of credit. The undersigned certifies that all of the information contained herein is true and correct to the best of their information, knowledge and belief. Customer agrees to adhere to credit/service policies established by Escan.

Authorized Individual (Print Name) _____ Signature _____ Title _____ Date _____

Escan Technology Corp. 12140 Severn Way, Riverside CA 92503 * (800) 653-4252 * FAX (909) 270-0920

