



Tech Driven EMS | 204 Edelen Avenue | Los Gatos Ca. 95030 | 4084100259

## NEW CUSTOMER ADD / CHANGE FORM

ADD: ☒ CHANGE: ☐ Date: \_\_\_\_\_

Summit Interconnect Account Manager: \_\_\_\_\_

Customer Legal Name: \_\_\_\_\_

Tax / Federal ID #: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bill to: \_\_\_\_\_

\_\_\_\_\_

Ship to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested Terms:

Requested Credit Limit:

Preferred Ship Method: \_\_\_\_\_

Account #: \_\_\_\_\_

Taxable: Y ☐ N ☒ Resale Tax Certificate #: \_\_\_\_\_ D&B #: \_\_\_\_\_

Type of Organization (Check one): ☐ Sole Proprietorship ☐ Joint Venture ☐ LP ☐ LLP ☐ S Corp ☐ C Corp ☒

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**Tech Driven EMS ACCOUNTING USE ONLY:**

**References Received:** Yes ☐ No ☐

**Resale Certificate Received:** Yes ☐ No ☐

**Approved Terms:** \_\_\_\_\_

**Approved Credit Limit:** \_\_\_\_\_

**Accounting Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Euler Hermes Limit:** \_\_\_\_\_

**EZ Cover #:** \_\_\_\_\_

**Notes / Comments:** \_\_\_\_\_

**Customer Service Representative Name:** \_\_\_\_\_

**Sales Director Name:** \_\_\_\_\_

**Outside Sales Representative Name:** \_\_\_\_\_



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## CUSTOMER CREDIT APPLICATION

Date: \_\_\_\_\_ Requested Credit Limit: \_\_\_\_\_

### BILLING AND BUSINESS INFORMATION

Customer Legal Name: \_\_\_\_\_

Tax / Federal ID #: \_\_\_\_\_ D&B #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

Parent Company (if any): \_\_\_\_\_

### CREDIT REFERENCES: A Fax # or Email address is required for each trade reference provided.

Reference #1: Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_

Reference #2: Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_

Reference #3: Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_

BANK REFERENCE: Checking Account ☐ Savings Account ☐ Loan Account ☐

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_

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**SUMMIT INTERCONNECT ACCOUNTING USE ONLY:**

**Approved Credit Limit:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Notes / Comments:** \_\_\_\_\_