

**CREDIT APPLICATION FOR NET TERMS V.(04/06/11)**

(Please print legibly. An authorized person must sign.)



**THRESHOLD**  
ENTERPRISES LTD.  
23 Janis Way, Scotts Valley, CA 95066

**For Internal Purposes**

Cust. #:

Sales #:

**APPLICANT, PLEASE COMPLETE THIS SECTION!**

Today's Date:

Name/Title:

Phone #:

Fax #:

**Ph.831-438-6851 FAX 831-438-7410****www.ThresholdEnterprises.com****BILL TO ADDRESS (Please include the account name or DBA if different than Bill To name):**

ACCOUNT NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE #:

ATTENTION/TITLE:

FAX #:

E-MAIL:

**OWNERSHIP INFORMATION (MUST BE COMPLETED IN ORDER FOR US TO DO BUSINESS WITH YOU)****IF SOLE PROPRIETORSHIP YOUR SS# IS REQUIRED.** SOLE PROPRIETORSHIP (OWNERSHIP)

OWNER'S NAME:

SOCIAL SECURITY#:

**IF A PARTNERSHIP OR CORP. A FED. EMP. ID # AND STATE OF INCORP. IS REQUIRED** PARTNERSHIPCORP. or LLC 

&lt;--Check a box

Legal Business Name:

STATE OF CORP/LLC

FED. EMP. ID #:

**PLEASE PRINT LEGIBLY: A minimum of two officers or partners must be listed, if applicable.**

1) NAME-OWNER/OFFICER:

TITLE:

SS#:

PHONE #

HOME ADDRESS:

CITY:

STATE

ZIP CODE:

2) NAME-OWNER/OFFICER:

TITLE:

SS#:

PHONE #

HOME ADDRESS:

CITY:

STATE

ZIP CODE:

**TRADE REFERENCES: Your 3 largest net-term trade references required (DISTRIBUTORS PREFERRED).**

1) COMPANY NAME:

ACCOUNT #:

TERMS:

Date of First Order \_\_\_\_\_

Type of Business (Distributor, Retailer, Etc) \_\_\_\_\_

STREET ADDRESS:

NAME OF CONTACT:

PHONE #

CITY, ST, &amp; ZIP CODE:

FAX #:

CREDIT LIMIT:

2) COMPANY NAME:

ACCOUNT #:

TERMS:

Date of First Order \_\_\_\_\_

Type of Business (Distributor, Retailer, Etc) \_\_\_\_\_

STREET ADDRESS:

NAME OF CONTACT:

PHONE #

CITY, ST, &amp; ZIP CODE:

FAX #:

CREDIT LIMIT:

3) COMPANY NAME:

ACCOUNT #:

TERMS:

Date of First Order \_\_\_\_\_

Type of Business (Distributor, Retailer, Etc) \_\_\_\_\_

STREET ADDRESS:

NAME OF CONTACT:

PHONE #

CITY, ST, &amp; ZIP CODE:

FAX #:

CREDIT LIMIT:

NAME OF BANK:

**BANK REFERENCE:**

Contact Name:

BANK MAILING ADDRESS:

Email Address:

NAME ON ACCOUNT:

ACCOUNT #

PHONE #

By signing this application you agree to be bound by Threshold's Standard Terms and Conditions ("Terms"), which cover all sales by Threshold. A copy of the Terms can be found in our Price List (and may be updated in subsequent Prices Lists), however the most current version of the Terms (and the one which will govern all transactions between you and us) is found on Threshold's website, www.ThresholdEnterprises.com. A copy of the Terms may also be obtained [without cost] upon request by fax, email or mail. All information provided by you and contained herein, including all attachments provided by you, will be used for internal purposes only unless otherwise authorized by you. By signing, you warrant that the information provided by you is true and correct and authorize Threshold Enterprises, Ltd. and its agents to verify the information provided by you, to make inquiries of your references and to make credit checks with third party credit agencies. A faxed copy of this application shall have the full force and effect of an original.

Print Name

Authorized Signature of responsible party

Title

Date:

**FOR THRESHOLD'S INTERNAL USE ONLY:**

Terms Granted:

Credit Limit Granted:

Date:

Approved By: