

CREDIT APPLICATION

APPLICATION **MUST BE COMPLETELY** FILLED OUT AND SIGNED BY AN OWNER, PARTNER OR CORPORATE OFFICER TO BE CONSIDERED FOR CREDIT!

COMPANY NAME: WEBSITE: DUNS #:

ADDRESS: PHONE: FAX:

CITY: ST/PR: ZIP CODE: COUNTRY:

TYPE OF BUSINESS: DATE OF INCORPORATION/ORGANIZATION: AND ST/PR:

CREDIT LIMIT REQUESTED: GROSS SALES FOR LAST 12 MONTHS: NUMBER OF EMPLOYEES:

BRIEF DESCRIPTION OF BUSINESS

OWNER, PARTNER OR CORPORATE OFFICERS:

PRESIDENT/OWNER: TITLE: EMAIL:

VP FINANCE/CFO: TITLE: EMAIL:

BANK REFERENCE:

NAME: BRANCH: ACCOUNT NUMBER:

ADDRESS: CITY: ST/PR: POST CODE:

OFFICER TO CONTACT: PHONE: EMAIL:

TRADE REFERENCES FROM THE USA PREFERRED. PLEASE GIVE ZIP CODES AND LIST ACCOUNT AND FAX NUMBERS:

COMPANY NAME: PHONE:

ADDRESS: FAX:

CITY: ST/PR: POST CODE: ACCT. #:

CONTACT NAME: EMAIL:

COMPANY NAME: PHONE:

ADDRESS: FAX:

CITY: ST/PR: POST CODE: ACCT. #:

CONTACT NAME: EMAIL:

COMPANY NAME: PHONE:

ADDRESS: FAX:

CITY: ST/PR: POST CODE: ACCT. #:

CONTACT NAME: EMAIL:

IN CONSIDERATION OF NATIONAL MICROCHIP GRANTING CREDIT, WE AGREE TO THE FOLLOWING

- 1) WE WILL PAY ALL INVOICES IN ACCORDANCE WITH NATIONAL MICROCHIP'S STANDARD TERMS AND CONDITIONS IN EFFECT. WE SPECIALLY AGREE TO PAY INTEREST AT THE GREATER OF 1.5% PER MONTH OR THE MAXIMUM RATE ALLOWED BY LAW ON ALL UNPAID INVOICES AFTER THIRTY (30) DAYS FROM THE INVOICE DATE.
- 2) WE DO ACCEPT NATIONAL MICROCHIP'S STANDARD TERMS AND CONDITIONS OF SALE, REGARDLESS OF ANY TERMS AND CONDITIONS SHOWN ON OUR PURCHASE ORDERS.
- 3) SHOULD THIS ACCOUNT EVER BECOME DELINQUENT AND IT BE NECESSARY TO EMPLOY AN ATTORNEY TO COLLECT OR COMMENCE SUIT TO ENFORCE PAYMENT, WE AGREE TO PAY A REASONABLE ADDITIONAL SUM AS ATTORNEYS FEES AND TO PAY COSTS OF SUCH SUIT.
- 4) IT IS EXPRESSLY AGREED THAT ALL OBLIGATIONS OF THE PARTIES CREATED HEREIN ARE TO BE PERFORMED IN ORANGE (ORANGE COUNTY), CALIFORNIA, U.S.A. AND THAT THE COURTS OF ORANGE COUNTY, CALIFORNIA HAVE JURISDICTION OVER ANY ACTION TO ENFORCE COLLECTION OF THIS ACCOUNT.

OWNER, PARTNER OR CORPORATE OFFICERS'S NAME: TITLE:

SIGNATURE _____ DATE _____