



For official use only:
 Account No. _____
 Account Rep: _____
 3561 Homestead Rd., Suite #282 Santa Clara, CA 95051
 Tel: (408) 217-1958 Fax: (408) 217-1959
 AMT. _____ TERM: _____ Date: _____

NEW ACCOUNT CREDIT APPLICATION:

Bill To:

Company Name: _____
 City: _____ State: ___ Zip: _____
 Tel: _____ Fax: _____
 Contact Name: _____
 Email: _____

Business Information:

Principal Contact: _____
 Title: _____
 Tel: _____ Ext. _____ Fax: _____
 Corporation _____ Partnership _____ Sole Proprietor _____
 Other (Please Specify): _____
 Years in Business: _____
 TAX ID #: _____
 D&B NUMBER: _____
 Expect Monthly Purchase from ASA PCB: \$ _____

Account Classification:

Industrial _____ Dealer _____ International _____

Bank Reference:

Bank Name: _____
 Account # _____
 Officer: _____
 Branch Location: _____
 Address: _____
 City: _____ State: ___ Zip: _____
 Tel: _____ Fax: _____

Will This Account Be Tax Exempt: Yes _____ No _____
 (All of orders out of the state of California are tax exempt)

If Yes, for California customers only

Tax Exemption Number or Resale License: _____

Please send a copy of signed tax exemption form or resale license together with this application if this account is tax exempt.

ACCOUNT TERMS & CONDITION AGREEMENT:

Terms of payment are "Net 30 days". Balances unpaid beyond terms will be subjected to a service charge up to 1.5% per month on the unpaid balance. The undersigned purchaser agrees to assume responsibility for any legal or third party cost involved in collection. The purchaser agrees to be liable for all purchase should the undersigned fail to comply with the notification. The undersigned also agrees not to charge back to ASA PCB, Inc. in any cases. The undersigned agrees to release credit information to ASA PCB, Inc. It is understood that said information will be held in strict confidence and is for the sole purpose of extending credit or updating existing credit files.

Purchaser: _____
 Signature Name Title Date

Ship To:

Company Name: _____
 City: _____ State: ___ Zip: _____
 Tel: _____ Fax: _____
 Contact Name: _____
 Email: _____

Trade Reference (1):

Company Name: _____
 Address: _____
 City: _____ State: ___ Zip: _____
 Tel: _____ Fax: _____
 Acct#: _____ High Credit: _____
 Balance: _____ Term: _____
 Contact Person: _____

Trade Reference (2):

Company Name: _____
 Address: _____
 City: _____ State: ___ Zip: _____
 Tel: _____ Fax: _____
 Acct#: _____ High Credit: _____
 Balance: _____ Term: _____
 Contact Person: _____

Trade Reference (3):

Company Name: _____
 Address: _____
 City: _____ State: ___ Zip: _____
 Tel: _____ Fax: _____
 Acct#: _____ High Credit: _____
 Balance: _____ Term: _____
 Contact Person: _____