



**Mathis Electronics, Inc.**  
PO Box 5871, Asheville, NC 28813  
Ph: 828-274-5925, Fax: 828-274-5928

**APPLICATION FOR NET30 TERMS**

Name of Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Tel Number: \_\_\_\_\_ Fax Number \_\_\_\_\_ Years at this address: \_\_\_\_\_

Purchasing Name and Email Address: \_\_\_\_\_

A/P Name and Email Address: \_\_\_\_\_

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**The following information must be provided. Confidentiality will be exercised.**

**OWNERSHIP:**

**Check one of the following:**

- Corporation                       Partnership  
 Incorporated within last 12 months     Individual

1. \_\_\_\_\_  
Name(s) of Principal(s)                      Complete Address                      zip code                      phone

2. \_\_\_\_\_  
Name(s) of Principal(s)                      Complete Address                      zip code                      phone

3. \_\_\_\_\_  
Name(s) of Principal(s)                      Complete Address                      zip code                      phone

**FINANCES:**

\_\_\_\_\_  
Name of Bank                      Bank Address

\_\_\_\_\_  
Bank Officer or Department                      phone

**REFERENCES:**

1. \_\_\_\_\_  
Name of Business                      Complete Address                      zip code                      phone

2. \_\_\_\_\_  
Name of Business                      Complete Address                      zip code                      phone

3. \_\_\_\_\_  
Name of Business                      Complete Address                      zip code                      phone

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We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed): \_\_\_\_\_

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

(Title): \_\_\_\_\_