

Date:	Desired Credit Limit: \$					
BUSINESS INFORMATION:						
Full Legal Name of Company:		DBA:				
Business Phone:	Fax:					
A/P Contact Name:		Phone:	Email:			
Website: http://						
Mailing Address:						
City:	State:		Zip:			
Date Business Began:	Number of	Employees:				
Federal Tax ID:	Duns Number:					
Type of Business: Mfg Dis	tributor 🗌 Reseller 🔲	VAR Other				
Tax Exempt #:	Please fax ex	emption certificate	with application other	wise tax will be charged		
FORM OF OWNERSHIP:						
Corporation Sole Proprieto	orship Partnership	LLC Oth	er:			
Name of Parent Company:						
Name of Subsidiaries:						
Date of Incorporation: Month:	Year:	State of Inc	orporated:			
Publicly Held Privately Held						
NAME(s) of PRINCIPAL(s) a	nd/or OFFICERS:					
Name:						
Address:						
Address:						
City:	State:	Zip Coo	le:			
Name:						
Address:						
Address:						
City:	State:	Zip Cod	le:			

FINANCIALS:

Please attach a copy of your most recent audited financial statements. If it is more than three months old, also attach a copy of the most recent interim statement. Please include both the balance sheet and income statement. This is required for all credit requests over \$25,000.

BANK / TRADE REFERENCES:

(You may include a separate Bank & Trade ref	erence sheet in lieu of th	nis portion of form.)
Trade References (Include firms from which yo	ou have purchased on op	pen account)
Name:		Account #:
Address:		Account ii.
Address:		
City:	State:	Zip Code:
	State.	
Name:		Account #:
Address:		
Address:		
City:	State:	Zip Code:
Name:		Account #:
Address:		
Address:		
City:	State:	Zip Code:
Bank Reference: (Please complete inf	ormation requested	for the bank which handles your account):
Bank Name:		
Branch Address:		
City:	State:	Zip Code:
Contact:	Phone:	Fax:
Account #:	Type of Account: C	necking Savings Loan

LINE OF CREDIT:		
Bank Name:		
Address:		
Address:		
City:		
State:	Zip:	
Account #:		
Amount:\$	Current Available Amount:\$	
Secured Line of Credit by		
agreement of sale. No ter sale. World Wide Technology's ndicates your understand	this application shall, upon extension of credit by World Wide Technology, LLC., constitute an sand conditions, different from those stated in the application, will become part of the agreemen andard payment terms are net 30 days from the date of the invoice. A signed credit application g and acceptance of these terms. Failure to pay on the net due date on each invoice shall deem the payments may result in interest fees charged at the rate of 1.5% per month.	
_	ormation on this form is correct; and that we fully understand your credit terms and agree to the ation of extended credit, including any legal fees and court costs incurred while collecting delinqu	
	ed signed credit application form to 314-301-2750 as soon as possible. This will ensure that this e Credit Department for processing. Please allow a minimum of 48 hours for processing and appr	oval.
The signature below auth released will be used for o	izes World Wide Technology, LLC. to inquire into the trade and bank references provided. Inform dit purposes only.	ation
Signed by (Officer or Own	:	
Print Name:		
Γitle:		

World Wide Technology, LLC
One World Wide Way
St. Louis, MO 63146
Credit Department – Fax 314-301-2750

Date: