

EXCEL COMPONENTS, INC.

233 Market St. Lockport, New York 14094

888.99EXCEL Fax: 716.439.0117

www.excelcomponents.com

Company Name: _____ Date: _____

Street Address: _____ Phone No. _____

City, State, and Zip: _____ Fax No. _____

Billing Address: (if different) _____

Federal Tax ID No. _____ Taxable:(NY Only) () Yes () No
(If no, resale certificate must be enclosed or sales tax will be charged).

Please include a copy of your DEALERS LICENSE

Accounts Payable Contact: _____ Ext: _____

E-Mail address: _____

Invoice Requirements: () Mail Address if different: _____
() Fax () E-Mail

Preferred Payment Method: () COD () Credit Card **CC Name:** _____

CC Number: _____ Exp: _____

Circle One: VISA MC

Business References:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

*The terms and conditions are agreed to and guaranteed by applicant whose signature appears below. The information and statement in the application are true and complete and are made for the purpose of securing an open account line of credit with EXCEL COMPONENTS, INC. I hereby authorize EXCEL COMPONENTS, INC. to obtain any information you consider necessary from any source concerning the information in this application.

Signature: _____ Date: _____
Applicant & Title

WHEN YOU NEED TO **EXCEL** ... YOU NEED **EXCEL**

**Please Fax this application along with your business license back to Excel at 716.439.0117
Do Not email this form - it will delay your approval. If you have any questions please call and we will be happy to assist you. Thanks for your interest in Excel.**