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**GOVERNMENT/
PUBLIC SCHOOLS/UNIVERSITIES/COLLEGES
APPLICATION FOR CREDIT**

APPROVED BY: _____	IND/CODE: _____
CREDIT LIMIT: _____	D&B _____
DATE: _____	ACCT #: _____

Name/Address

Last:	First:	Middle Initial:	Title:
Federal Tax ID Number:			Tax Exempt Status: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			
City:		State:	Zip:
Phone Number:		Fax Number:	
Website Address (if available):			

Company Information

Type of Entity:	
<input type="checkbox"/> Government	<input type="checkbox"/> Public School
<input type="radio"/> Federal	<input type="checkbox"/> College (only accredited college)
<input type="radio"/> State	<input type="checkbox"/> University
<input type="radio"/> Local	
Number of Employees (for schools only):	
If Division/Subsidiary, Name of Parent Entity:	

We declare that the above information is true, correct and complete, and is given to conform to Company requirements to extend credit.

Name of Entity: _____

Authorized Signature: _____

Title: _____

Printed Name: _____

Email Address: _____