

PCW Credit Application (For School and University)

Please fax this application to : 516-997-5784

School Address

School Name _____
Street _____
City/State/Zip _____
Telephone _____
Fax _____
Account Payable Contact _____
Account Payable Phone _____

Ship To Address

Street _____
City/State/Zip _____
Telephone _____
Purchasing Contact _____
Purchasing Phone _____

School Type (Please check one)

School University Other

Bank Information

Bank Name _____ Contact _____ Phone _____
Address _____ City _____ State _____ Zip _____
Checking/Saving Account#1. _____ Date Opened _____
Checking/Saving Account#2. _____ Date Opened _____
Loan# _____ Line of Credit _____

Trade Credit Reference (List only companies with Net Term arrangements)

1. Company Name _____ Acct # _____
Address _____ City _____ State _____ Zip _____
Phone _____ Contact Person _____
2. Company Name _____ Acct # _____
Address _____ City _____ State _____ Zip _____
Phone _____ Contact Person _____
3. Company Name _____ Acct # _____
Address _____ City _____ State _____ Zip _____
Phone _____ Contact Person _____

Credit and Banking Information Release Authorization

The undersigned authorizes release of all banking and credit information, requested by PCW Microsystems, Inc. This form may be reproduced or photocopied and a faxed copy shall be as effective consent as the original, which I have signed.

Authorized Signature _____ Date _____
Print Name _____ Title _____