



Corporate Account Application

A ComponentSource representative will contact you within 1 business day of receipt to take further details and activate your account.

Company name:			
Company address:	Address		
	Address (cont)		
	City		
	State/Province		
	Postcode/Zipcode		
	Country		
Phone # (main switchboard):		Web site URL:	
Owner managed business: <input type="checkbox"/>		Stock exchange listed: <input type="checkbox"/>	Public Sector Organization: <input type="checkbox"/>
VAT # (EC only):		DUNS # (USA/Canada only):	
Annual revenues (most recent year):		Year established:	
Number of software developers:		Number of employees:	
Address for invoicing (if different):	Address		
	Address (cont)		
	City		
	State/Province		
	Postcode/Zipcode		
	Country		
Accounts Payable telephone:		Accounts Payable fax:	
Accounts Payable email address:			
Purchasing contact name:		Purch. contact phone #:	
Purchasing contact email address:			
Estimated annual spend:		Credit limit requested:	

I have read, understand and agree to the [Terms and Conditions](#) of this ComponentSource Corporate Account with net 30 payment terms. I am an authorized signatory for the above named organization.

Signature:	Name:	Position:	Date:
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Please email the completed form to sales@componentsource.com or fax it to your nearest office:

US Headquarters Tel: +1 (770) 250 6100 Fax: +1 (770) 250 6199	European Headquarters Tel: +44 (0) 118 958 1111 Fax: +44 (0) 118 958 9999	Japanese Headquarters Tel: +81 3 3237 0281 Fax: +81 3 3237 0282
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For ComponentSource use only:

Monthly account limit	Per transaction limit	Approved by:
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