



CONTRACT  
ELECTRONICS  
MANUFACTURING

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**OPEN ACCOUNT APPLICATION**

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Federal Tax I.D. Number \_\_\_\_\_

Name of Parent Company if subsidiary:  
\_\_\_\_\_

Proprietor/Partner's Names (Please include Soc. Sec. Nos.): \_\_\_\_\_

Mailing Address (incl. ZIP): \_\_\_\_\_

Delivery Address (incl. ZIP): \_\_\_\_\_

Phone Number for Accounting Office: (\_\_\_\_\_) \_\_\_\_\_

Accounts Payable Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Type of Business: \_\_\_\_\_ Yr. Established: \_\_\_\_\_

At Present Location Since: \_\_\_\_\_ Incorporated? \_\_\_\_\_ If so, what state? \_\_\_\_\_

Will you be using your open account on a regular basis? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Our invoices should be taxable: \_\_\_\_\_ Nontaxable: \_\_\_\_\_ Varies: \_\_\_\_\_

Resale No.: \_\_\_\_\_

A purchase order is required: Yes: \_\_\_\_\_ No: \_\_\_\_\_

What Credit Line do you desire? \_\_\_\_\_

Banking Institution: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Branch Location: \_\_\_\_\_ Contact: \_\_\_\_\_

Please list three credit references for your company.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_