

**Yang-Ming Int'l Corp.***dba rackmountpro.com*

www.rackmountpro.com Email: sales@rackmountpro.com

Tel: (626) 956-0100 Fax: (626) 956-0098

595 Yorbita Road, La Puente, CA 91744

## Credit Application Form

Please fax this completed form to (626) 956-0098,  
Attention: Rackmountpro.com Accounting Department.  
Your application will be processed the same day if it is complete.

### General Business Information

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

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

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

Tel: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ website: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Type of Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ CorporationIf Corporation: ☐ Division ☐ Subsidiary

Name of Parent: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Tax Exempt: ☐ Yes ☐ No

Name of Parent: \_\_\_\_\_

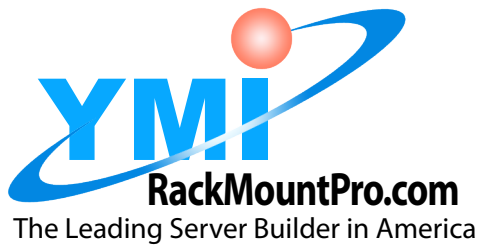
DUNS Number (Dun &amp; Bradstreet): \_\_\_\_\_

Credit Line Requested: \_\_\_\_\_

Estimated Monthly Purchase: \_\_\_\_\_

Has Company Ever Filed For Bankruptcy: ☐ Yes ☐ No

If Yes, Date Filed: \_\_\_\_\_ Case Number: \_\_\_\_\_



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## Trade References

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1. Company Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Ext: \_\_\_\_\_

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

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

Contact / Position: \_\_\_\_\_ Acct #: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Ext: \_\_\_\_\_

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

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

Contact / Position: \_\_\_\_\_ Acct #: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Ext: \_\_\_\_\_

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

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

Contact / Position: \_\_\_\_\_ Acct #: \_\_\_\_\_

4. Company Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Ext: \_\_\_\_\_

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

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

Contact / Position: \_\_\_\_\_ Acct #: \_\_\_\_\_