

AMPHENOL CORPORATION

Amphenol Aerospace
40-60 Delaware Ave
Sidney NY 13838

CREDIT LINE DATA REQUEST

Customer Name and Billing Address:

Contact Information:

A/P Name: _____
Phone #: () _____
Fax #: () _____
Email: _____

Please provide the following information:

D&B # _____
Tax ID # _____

Years in Business _____
Type of Business _____

Bank Reference

Name: _____
Address: _____
Phone #: () _____
Acct #: _____
Contact Name: _____



*A copy of your Sales & Use Tax Exempt
Certificate or Resale Certificate should be
forwarded with this request.*

.....

Trade References (provide 3)

Name: _____
Address: _____
Phone #: () _____
Fax #: () _____
Contact Name: _____

Name: _____
Address: _____
Phone #: () _____
Fax #: () _____
Contact Name: _____

Name: _____
Address: _____
Phone #: () _____
Fax #: () _____
Contact Name: _____

The Amphenol Credit Department will review your company's financial information as requested above. Our standard terms are "Net 30 Days" (invoice date). If standard terms or adequate credit line cannot be authorized, you will be contacted with other payment options.

Thank you.
Amphenol Credit Dept
Fax #: (607)563-5690