

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 Sales Tax Exemption Certificate or Resale Certificate for the state where product will be shipped should accompany this request.

Trade References (provide at least 3 and include the information below for each)

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. Initial orders less than \$5K will require payment terms of cash in advance of order acceptance.

In support of our "Go Green" efforts, Amphenol requests electronic payments. Please supply your company's vendor ACH application form or contact the Amphenol Credit Team to discuss other means of implementation.

Thank you.
Amphenol Credit Dept
Phone #: (607) 563-5760
Fax #: (607)563-5690