



We Love Macs

Credit Application

Please return to: Accounts Receivables Department

Company Information	
Legal Name:	WLM Sales Rep:
Business Trade Name:	Billing Address:
Business Phone:	
Business Fax:	
AP Contact:	Shipping Address:
AP Phone Number:	
AP Fax Number:	
Web Address:	Company Subsidiary:
Name of Parent Co.:	Anticipated Credit Limit:
Nature of Purchase: Resale or In-House (Circle One)	Ownership: Corp. Partner Prop. (Circle One)
DUNS Number:	Product Lines you purchase:
Date Established:	No. of Employees:

Officers	
Name of Principle Owner or Officer	Title
1.	
2.	
3.	
4.	

- ❖ Please send a copy of References (Principal trade suppliers) to 408.350.0345 with a copy of this application and signed terms & conditions paperwork
- ❖ Please attach a copy of a voided check along with this application

Confirmation of Information Accuracy and Release of Authority to Verify

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by We Love Macs, Inc. in determining the amount and conditions of credit to be extended. I understand that We Love Macs, Inc. may also utilize the other sources of credit, which it considers necessary, in making this determination. Further I hereby authorize the trade references listed in the credit application to release the information necessary to assist We Love Macs, Inc. in establishing a line of credit.

Personal Guarantee

As an inducement for We Love Macs, Inc., to from time to time, and by the sole discretion of the Credit Department, extend credit to the firm named in this application, I agree in my capacity as an Officer to make myself liable and personally responsible for all and any indebtedness of the firm. The debt may be on open account, by COD or any other method of credit extension.

Print Full Name & Title: _____ Date: _____

Signature: _____