

*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  Corporation

If Corporation:  Division  Subsidiary

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

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

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

Tax Exempt:  Yes  No

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

DUNS Number (Dun & 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

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 #: \_\_\_\_\_