



hk.digikey.com
(852) 3104 0500 Fax:(852) 3104 0686

Digi-Key Corporate Headquarters: 701 Brooks Avenue South, Thief River Falls, MN 56701, USA

10/31/2008

(852) 3104 0500

Fax: (852) 3104 0686

Please print/type all information
in English, sign, and return to
hongkong.support@digikey.com or fax 852-3104-0686

Credit Application

Hong Kong Dollar

Digi-Key Use Only
Company: _____
Account #: _____
Approved Amount: _____
By: _____ Date: _____

Name of Business: _____

Address: _____

Country: _____

Billing Address: _____

Web Address: _____

Telephone #: _____ Fax #: _____

Send our invoices via (check one): Email Fax Mail to our Billing Address

Email address or fax number for invoices: _____

Send Monthly Statements via (check one): Email Mail to our Billing Address

Send Monthly Statements in (check one): English Traditional Chinese Simplified Chinese

Email address for monthly statements: _____

Accounts Payable Contact Person: _____ Telephone #: _____

Accounts Payable email address: _____

Purchase Order # Required (check one) : Yes No Number of Copies of Invoices: _____

Current Gross Sales: _____ Current Net Worth: _____

Years in Business: _____ Number of Employees: _____

Nature of Business: _____

President/Owner: _____ Telephone #: _____

VP Finance/CFO: _____ Telephone #: _____

Purchasing Manager: _____ Telephone #: _____

If Subsidiary, Name of Parent Co.: _____

Address of Parent Company: _____

BANKING INFORMATION (please print or type)

Bank Name: _____ Account #: _____

Address: _____

Officer to Contact: _____

Email: _____ Telephone #: _____



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TERMS OF SALE

1. Our standard terms are Net 30 Days. The customer is responsible for all fees when wiring funds to Digi-Key. Failure to adhere to our terms may result in a shipping hold on future orders. The net due date is calculated from the date of the invoice.

2. Should Applicant default in the payment of the outstanding account for monies that are deemed legitimately owed, then Digi-Key shall be entitled to incur expenses for the cost of collection and reasonable attorney's fees and shall be due and owing from the Applicant to Digi-Key.

The parties agree that the state courts of the State of Minnesota and the federal courts in the State of Minnesota have jurisdiction over them and this Agreement, that Minnesota is the appropriate place for venue of any litigation arising hereunder, and that all such litigation shall, to the extent possible, be in Minnesota.

The validity or invalidity of any portion of these Terms of Credit shall not invalidate the remainder of the Terms of Credit which shall remain in full force and effect and shall be interpreted and enforced as if such invalid provision did not appear herein.

The undersigned acknowledges that Digi-Key may create and store a complete image of this document and any related documents, including any signature, in an electronic format (such as read only CD's), and that any original hereof may be discarded in the ordinary course of Digi-Key's business. The undersigned further acknowledges and agrees that an electronic image or fax of this document and any related documents or any paper copy made from said electronic image(s) or fax shall constitute sufficient evidence of the original for all purposes, including but not limited to any form of dispute resolution proceedings.

I hereby certify that the information set forth here, together with all other information submitted in connection with this application is true and correct. I understand that Digi-Key Corporation will rely on this information in extending credit to my company and I authorize Digi-Key Corporation to contact and obtain information from the references provided. I have read and understand the Terms of Sale and agree that such terms apply to all transactions with Digi-Key Corporation.

Company Name _____

Signature _____

Printed/Typed Name _____

Title _____

Date _____

Company Seal

AUTHORIZED BUYERS: THIS POLICY IS TO PROTECT THE INTEREST OF YOUR COMPANY. PLEASE FILL IN YOUR FULL NAME AND WE WILL ASSIGN A "CONTACT ID" TO EACH AUTHORIZED BUYER. WHEN A PURCHASE ORDER IS PLACED OVER THE PHONE, YOU NEED TO PROVIDE YOUR CONTACT ID AND FULL NAME FOR IDENTIFICATION.

Full Name: _____ Phone #: _____

Email: _____ Fax #: _____

Full Name: _____ Phone #: _____

Email: _____ Fax #: _____

Full Name: _____ Phone #: _____

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AUTHORIZED BUYERS (CONTINUED)

Full Name: _____ Phone #: _____

Email: _____ Fax #: _____

Full Name: _____ Phone #: _____

Email: _____ Fax #: _____

Full Name: _____ Phone #: _____

Email: _____ Fax #: _____

TRADE REFERENCES: USA COMPANIES FROM WHICH YOU PURCHASE ARE PREFERRED. FILL IN ALL FIELDS BELOW.

Name: _____ Phone #: _____

Address: _____ Fax #: _____

Address: _____ Acct. #: _____

Name: _____ Phone #: _____

Address: _____ Fax #: _____

Address: _____ Acct. #: _____

Name: _____ Phone #: _____

Address: _____ Fax #: _____

Address: _____ Acct. #: _____

Name: _____ Phone #: _____

Address: _____ Fax #: _____

Address: _____ Acct. #: _____

Name: _____ Phone #: _____

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Name: _____ Phone #: _____

Address: _____ Fax #: _____

Address: _____ Acct. #: _____