



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

**sg.digikey.com**  
 (800) 1011 692 or (852) 3104 0500  
 Fax: (852) 3104 0686

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

**Credit Application  
 Singapore Dollar**

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

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

District \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Billing Address \_\_\_\_\_

Web Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Send Digi-Key Invoices Via (Check One): Email \_\_\_\_\_ Fax \_\_\_\_\_ Mail to Our Billing Address \_\_\_\_\_

Email Address or Fax Number for Invoices \_\_\_\_\_

Send Our Monthly Statements Via (Check One): Email \_\_\_\_\_ Mail to Our Billing Address \_\_\_\_\_

Send Our Monthly Statements in (Check One): English \_\_\_\_\_ Traditional Chinese \_\_\_\_\_ Simplified Chinese \_\_\_\_\_

Email Address for Monthly Statements \_\_\_\_\_

Accounts Payable Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

Accounts Payable Email Address \_\_\_\_\_

If Subsidiary, Name of Parent Company \_\_\_\_\_

Address of Parent Company \_\_\_\_\_

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 # \_\_\_\_\_

**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. 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 \_\_\_\_\_

Company Seal

Printed/Typed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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 # \_\_\_\_\_

Email \_\_\_\_\_ Fax # \_\_\_\_\_



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Singapore Dollar

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 # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ Acct. # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ Acct. # \_\_\_\_\_