



FREephone 0800-115-281
 Tel:218-681-6674 FAX +31-53-484-9583 fi.digikey.com

701 Brooks Ave. South, Thief River Falls, MN 56701

Credit Application
Finland

AR Phone: 0800-115-281
AR Fax: +31-53-484-9583

Please print/type all information, sign, and return

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

Name of Business: _____ Limit Desired: _____
 Telephone #: _____ Fax #: _____
 Address: _____ Dun and Bradstreet #: _____
 City: _____ State: _____ Zip/Postal Code: _____
 Country: _____ Purchase Order # Required (check one) Yes No
 Billing Address: _____
 Web Address: _____
 Billing Instructions: _____
 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 Fax Mail to our billing address
 Email address or fax number (no extensions) for monthly statements: _____
 Accounts Payable email address: _____
 Number of Copies of Invoices: _____ Current Gross Sales: _____
 Years in Business: _____ Number of Employees: _____ Current Net Worth: _____
 Brief Explanation of Business : _____
 President/Owner: _____
 VP Finance/CFO: _____
 Purchasing Manager: _____
 If Subsidiary, Name of Parent Co.: _____
 Address of Parent Company: _____

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.

Signature _____ Title _____
 Printed/Typed Name _____ Date _____



FREEPHONE 0800-115-281
Tel:218-681-6674 FAX +31-53-484-9583 fi.digikey.com

701 Brooks Ave. South, Thief River Falls, MN 56701

10/30/2008

AR Phone: 0800-115-281
AR Fax: +31-53-484-9583

Digi-Key Use Only

Company: _____

Account #: _____

Approved Amount: _____

By: _____ Date: _____

BANKING (please print or type)

Name: _____ Address: _____

Account Number: _____ Officer to Contact: _____

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

Name: _____ Phone #: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip/Postal Code: _____

Acct. #: _____

Name: _____ Phone #: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip/Postal Code: _____

Acct. #: _____

Name: _____ Phone #: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip/Postal Code: _____

Acct. #: _____

Name: _____ Phone #: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip/Postal Code: _____

Acct. #: _____

Name: _____ Phone #: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip/Postal Code: _____

Acct. #: _____

Name: _____ Phone #: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip/Postal Code: _____

Acct. #: _____