



FREephone 00800-3122-3456
FAX +31-53-484-9583

701 Brooks Ave. South, Thief River Falls, MN 56701
gr.digikey.com

Digi-Key Use Only

Company:
Account #:
Approved Amount
By Date

Credit Application

Please print/type all information, sign, and return

Greece

Name of Business
Address
City
Postal Code
Billing Address
Web Address
Billing Instructions

Telephone #
Limit Desired
Fax #
Dun and Bradstreet #
Purchase Order # Required (check one): Yes No

Send our 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
Email address for monthly statements
Accounts Payable email address

If Subsidiary, Name of Parent Co.
Address of Parent Company
Years in Business
Number of Employees
Current Gross Sales
Current Net Worth

Brief Explanation of Business
President/Owner
VP Finance/CFO
Purchasing Manager

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.

Signature
Title
Printed/Typed Name
Date

Credit Application
Greece

Digi-Key Use Only Company: _____ Account #: _____



FREEPHONE 00800-3122-3456
FAX +31-53-484-9583

701 Brooks Ave. South, Thief River Falls, MN 56701
gr.digikey.com

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 _____ County/State _____ Postal Code _____ Acct. # _____

Name _____ Phone # _____
Address _____ Fax # _____
City _____ County/State _____ Postal Code _____ Acct. # _____

Name _____ Phone # _____
Address _____ Fax # _____
City _____ County/State _____ Postal Code _____ Acct. # _____

Name _____ Phone # _____
Address _____ Fax # _____
City _____ County/State _____ Postal Code _____ Acct. # _____

Name _____ Phone # _____
Address _____ Fax # _____
City _____ County/State _____ Postal Code _____ Acct. # _____

Name _____ Phone # _____
Address _____ Fax # _____
City _____ County/State _____ Postal Code _____ Acct. # _____