TTM Technologies
Global Presence | Local Knowledge

CUSTOMER CREDIT APPLICATION FORM

Business Information:

Company Legal Entity Name: _____

Billing Address: _____ City _____ State _____ Zip _____

Nature of Business:_____

Type of Entity: *(Please check one)*

Corporate ☐ Partnership ☐ Sole Proprietorship ☐ Other:_____ Country of Incorporation:_____

Fed Tax ID/Business Registration_____ GST/VAT/Sales Tax Resale # _____ Date of Incorporation: _____

Business Contact: _____ Title:_____ Phone: _____-_____-_____ E-Mail:_____

Finance Contact: _____ Title:_____ Phone: _____-_____-_____ E-Mail:_____

Bank Information

Bank Name: _____ Account #: _____ Phone: _____-_____-_____

Address _____ City _____ ST _____ Zip _____

Contact: _____ E-Mail: _____

Credit References

1. Business Name: _____ Phone: _____-_____-_____

   Contact Name: _____ E-Mail:_____

2. Business Name: _____ Phone: _____-_____-_____

   Contact Name: _____ E-Mail:_____

3. Business Name: _____ Phone: _____-_____-_____

   Contact Name: _____ E-Mail:_____

Any and all information is held in the strictest confidence.

Open Account Term and Conditions

Terms: Invoices are payable within 30 days of invoice date. The undersigned assures that the information contained above is true and correct; and furthermore, hereby authorizes the release of information from the listed credit references and banking institution to TTM Technologies Inc.

BY COMPLETING AND RETURNING THIS APPLICATION TO TTM TECHNOLOGIES, INC. THE APPLICANT REPRESENTS THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. THE APPLICANT WILL ALSO AGREE TO NOTIFY TTM TECHNOLOGIES, INC. OF ANY CHANGE IN COMPANY OWNERSHIP OR MANAGEMENT

_____ _____ _____ _____

SIGNATURE **PRINT NAME** **TITLE** **DATE**

(*For Official Use Only)*

Sales Rep _____ Credit Limit _____ Vendor No. _____ Date: _____

D & B Rating _____ Approved by _____