



# Rorke Data, an operating group of Avnet, Inc.

## CREDIT APPLICATION

Please complete the following pages & return to Rorke Data, an operating group of Avnet, Inc.

**Please Check One:**

<input type="checkbox"/> Corporation	Rorke Data Sales Rep. _____
<input type="checkbox"/> Proprietorship	D&B Number: _____
<input type="checkbox"/> Government	Federal Tax ID #: _____
<input type="checkbox"/> Limited Liability	Date Business Started: _____

**Primary Bill to Address:**

Customer Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

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

**Primary Ship to Address:**

Customer Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Postal Code \_\_\_\_\_ County \_\_\_\_\_

Main Phone # \_\_\_\_\_ Main Fax # \_\_\_\_\_

A/P Contact \_\_\_\_\_ A/P Phone # \_\_\_\_\_

A/P Fax # \_\_\_\_\_ A/P Email Address \_\_\_\_\_

Email Address or Addresses for sending invoices: \_\_\_\_\_

Company Web Site: \_\_\_\_\_

**Information on Proprietors, Corporate Officers or Partners:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_



## Rorke Data, an operating group of Avnet, Inc.

**Principal Products or Services Sold by Your Firm:** \_\_\_\_\_

### Financial Information:

Sales - Last Year \_\_\_\_\_ Anticipated Sales - Current Year \_\_\_\_\_

Total Assets \_\_\_\_\_ Total Liabilities \_\_\_\_\_ As of \_\_\_\_\_

### Bank Reference

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_ Contact email: \_\_\_\_\_

Officer \_\_\_\_\_ Bank Acct # \_\_\_\_\_

### Trade References

Name (1) \_\_\_\_\_ (2) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Contact Email: \_\_\_\_\_

Account # \_\_\_\_\_

Name (3) \_\_\_\_\_ (4) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Contact Email: \_\_\_\_\_

Account # \_\_\_\_\_

Name (5) \_\_\_\_\_ (6) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Contact Email: \_\_\_\_\_

Account # \_\_\_\_\_



# Rorke Data, an operating group of Avnet, Inc.

## Additional Information:

- Credit Line Requested \_\_\_\_\_ First Order Size \_\_\_\_\_ Order Pending Yes \_\_\_\_\_ No \_\_\_\_\_
- Remit Payments to: **Rorke Data, an operating group of Avnet, Inc.  
12781 Collection Center Drive  
Chicago IL 60693-0127**
- Sales Tax: Please email all Exemption/Reseller Sales Tax Exemption certificates to [ATS-Credit-NewAccounts@Avnet.com](mailto:ATS-Credit-NewAccounts@Avnet.com) or fax to 480-794-9826. Please note that the documents need to be made out to: Rorke Data, an operating group of Avnet, Inc.
- **Please email the completed credit application and Financials to [ATS-Credit-NewAccounts@Avnet.com](mailto:ATS-Credit-NewAccounts@Avnet.com) or send to fax number 480-794-9826. If you have questions, please call the credit department at 480-794-7527.**

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**FOLLOWING INFORMATION MUST BE COMPLETED IN ORDER TO BE CONSIDERED FOR CREDIT TERMS**

**CREDIT TERMS & CONDITIONS**

**Credit terms are net 30 days.** Any amount unpaid after 30 days will be considered past due and subject to finance charges of 1.5% per month or the highest rate allowable by law, and the customer may be placed on a cash basis immediately. In addition, the customer agrees to pay all costs (including reasonable attorney's fees) incurred in the collection of any unpaid amount.

Venue for any litigation (and depositions) between the parties for any claim relating to debt collection for merchandise, supplies or equipment purchased hereunder, or hereafter, shall be in Hennepin County, MN only.

Rorke Data, an operating group of Avnet, Inc. does retain a security interest in any and all merchandise, supplies and equipment until full payment has been received for items purchased.

Credit terms of any purchase order issued by customer, which are in addition to, modify or are inconsistent with Rorke Data's usual credit terms will not be binding upon Rorke Data unless agreed to in a separate writing executed by the credit manager or officer of Rorke Data.

**I hereby certify that I am authorized to make application for and receive goods on credit for the above named corporation, partnership, limited liability company, or individual. I also certify that to the best of my knowledge all information provided in this credit statement is accurate and hereby give my permission to Rorke Data, an operating group of Avnet, Inc. to verify any or all facts disclosed herein.**

Printed Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_

**Please email the completed Credit Application and Financials to [ATS-Credit-NewAccounts@Avnet.com](mailto:ATS-Credit-NewAccounts@Avnet.com) or send to fax number 480-794-9826. If you have questions, please call the Credit Department at 480-794-7527.**

# UNIFORM SALES & USE TAX CERTIFICATE – MULTI-JURISDICTION

The below-listed states have indicated that this form of certificate is acceptable. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued To Seller: Rorke Data, an Operating Group of Avnet, Inc. Avnet Acct # \_\_\_\_\_  
 Address: 7626 Golden Triangle Drive  
 City, State & Zip: Eden Prairie MN 55344 VIN # \_\_\_\_\_  
 (VIN will be issued by Sales Tax Dept)

I certify that: \_\_\_\_\_ is engaged as a registered (mark below all boxes that apply)

Name of Firm: \_\_\_\_\_  Wholesaler  
 \_\_\_\_\_  Retailer  
 D.B.A Name: \_\_\_\_\_  Manufacturer  
 \_\_\_\_\_  Seller (California)  
 Street Address: \_\_\_\_\_  Lessor  
 \_\_\_\_\_  Other (Specify) \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, leasing (renting) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the seller: **Computer hardware, software and/or related items**

State	State Registration, Seller's Permit, or ID # of Purchaser	State	State Registration, Seller's Permit, or ID # of Purchaser	State	State Registration, Seller's Permit, or ID # of Purchaser
Alabama	_____	Kentucky	_____	Ohio	_____
Arizona	_____	Louisiana	State specific form required*	Oklahoma	_____
Arkansas	_____	Maine	_____	Pennsylvania	State specific form required*
California	_____	Maryland	_____	Rhode Island	_____
Colorado	_____	Massachusetts	State specific form required*	South Carolina	_____
Connecticut	_____	Michigan	_____	South Dakota	_____
Dist of Columbia	_____	Minnesota	_____	Tennessee	_____
Florida	State specific form required*	Mississippi	State specific form required*	Texas	_____
Georgia	_____	Missouri	_____	Utah	_____
Hawaii	_____	Nebraska	_____	Vermont	_____
Idaho	_____	Nevada	_____	Virginia	State specific form required*
Illinois	_____	New Jersey	_____	Washington	_____
Indiana	State specific form required*	New Mexico	State specific form required*	West Virginia	_____
Iowa	_____	New York	State specific form required*	Wisconsin	_____
Kansas	_____	North Carolina	_____	Wyoming	State specific form required*
		North Dakota	_____		

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

**Authorized Signature:** \_\_\_\_\_  
 (Owner, Partner or Corporate Officer)

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Florida form can be obtained by contacting the Florida Department of Revenue and for a New Mexico form, contact New Mexico Taxation and Revenue Department. State specific forms for the following states: Indiana, Massachusetts, New York, Pennsylvania, Virginia, and Wyoming, and any additional questions, please email [ATS-Credit-NewAccounts@Avnet.com](mailto:ATS-Credit-NewAccounts@Avnet.com) or call **Lisa Mercer at 480-794-7527**.