



Microchip USA LLC
 501 E Kennedy Blvd
 Tampa, FL 33602

Business Credit Application

Company Information

Business Contact:	Job Title:	Phone:	
Name of Business:		Email:	
Address:			
City:	State:	Postal:	Country:
DUNS Number:		In Business Since:	
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/>			
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Address:	City:	State:	Postal: Country:

Bank References

Institution Name:	Address:
Contact:	City/State:
Phone:	ZIP:
Email:	Country:

Trade References

Company:	Company:	Company:
Contact:	Contact:	Contact:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Credit Limit:	Credit Limit:	Credit Limit:

Credit Request

Requested Amount:	Requested Terms:
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Full Name

Title

Signature

Date

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.