



Linear Express Credit Application

The Customer hereby provides information (including attached recent Balance Sheet and Income Statement) to Linear Technology Corporation (LTC) for the purpose of obtaining credit. LTC reserves the right to decline credit and, if credit is granted, to change or revoke the credit limit on the basis of LTC's credit policies or the customer's financial condition and/or payment history.

Name of Business _____ DBA _____
 Billing Address, City, State, Zip _____
 Country, Postal Code _____
 Ship-to Address, City, State, Zip _____
 Country, Postal Code _____
 Phone _____
 Fax _____

Type of Business (check one):
Corp. / Plc **Limited** **Other / Private**

Major Product or Service _____
 Total Years in Business _____ Years at this Address _____ Number of Employees _____
 Sales Tax Resale Number (please fax certificate with credit application) _____
 Expected monthly amount of business to be done with Linear Technology \$ _____

Financial Information:

Cash \$ _____ Net Worth \$ _____ Year Ending _____
 Annual Sales \$ _____ Annual Net Income \$ _____

Bank Reference:

Name of Bank _____ Account Number _____
 Address/City/State/Zip _____
 Phone _____ Fax _____ Years with Bank _____

Trade References:

Name _____ Contact _____
 Address/City/State/Zip _____
 Phone _____ Fax _____ Number of Years _____

Name _____ Contact _____
 Address/City/State/Zip _____
 Phone _____ Fax _____ Number of Years _____

Authorized Purchasing Agent	Direct Phone #
Contact Name	E-mail:
Accountants Payable Contact	Direct Phone #
Name	E-mail:
Linear Express Sales Representative Name	Remit-to Address: 720 Sycamore Dr., Milpitas, CA 95035-7417

Shipment Status: Customer will accept partial shipments and will pay as invoiced.

The undersigned certifies information supplied is correct and authorizes Linear Technology to verify the same, including bank account balance for the reference listed above. I/we further represent that the customer applying for credit has the financial ability and willingness to pay all invoices within the established payment terms of **Net 30-days**. Linear Express Terms and Conditions apply to all orders.

Signature of Officer _____ Title _____
 Name (print) _____ Date _____

Please fax to our Credit Department: 1-408-434-0155 / European application fax to +44-1628-478153