



Customer Credit Application Form

Company Name: _____ Business Phone: _____

Mailing Address: _____

DUNS#: _____ DUNS Rating: _____

Type of Business: Corporation, Partnership, Proprietorship, LLC: _____

Years in Business: _____ Federal ID NO: _____

Annual Sales Volume: \$ _____ Line of Credit Requested: \$ _____

Accounts Payable Contact:

Name: _____ Phone: _____ Email: _____

Purchasing Contact:

Name: _____ Phone: _____ Email: _____

If a Subsidiary: Name and Address of Parent Company: _____

Bank Information:

Name: _____ POC Name: _____ Phone: _____

Address: _____

Business/Trade References:

Company Name, Address, POC Name, POC Phone #, POC Email

1. _____

2. _____

3. _____

Please include with this application:

1. A copy of your resale certificate if applicable.
2. A recent copy of your company D&B report.

The applicant hereby makes application for credit from TSItouch. The Application's signature



attests financial responsibility and willingness to pay our invoices in accordance with the approved terms; Net 30 (based on approval) from the date of invoice, and a service charge of 1.5 % per month to be charged on all past due invoices. A \$35.00 handling fee will be charged on checks returned for insufficient funds.

Applicant agrees that should this account be turned over for collection, applicant will pay collection fees and legal fees incurred, in addition to the unpaid balance due to TSItouch.

Applicant agrees to all TSItouch Standard Terms & Conditions which can be found on TSItouch.com website at <http://tsitouch.com/support/terms-conditions>

Authorized Representative:

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

