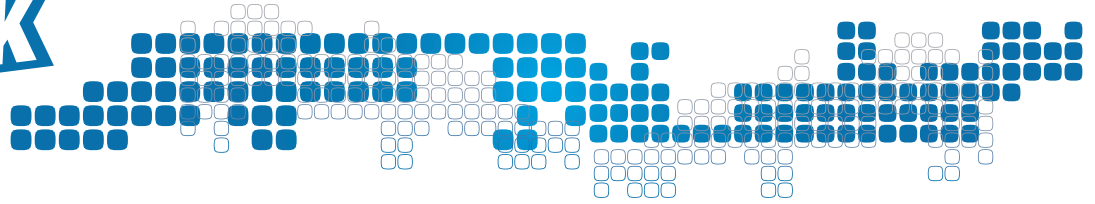




CREDIT APPLICATION



BUSINESS INFORMATION

Company Name:		
DBA Name:	D&B #:	
Address:		
City:	State/Province:	Zip/Postal Code:
Billing Address: (if different than above)		
City:	State/Province:	Zip/Postal Code:
Phone: ()	Fax: ()	E-mail:
Credit Amount Requested: \$		Terms Requested:
Year Business Started:		Annual Sales:
Purchasing Contact:		Accounts Payable Contact:
Resale Tax #:	Are Products for Resale? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Principal:	Phone: ()	

BANK REFERENCES

Bank Name:	Account #:
Branch Address:	
Contact Name:	Phone: ()

TRADE REFERENCES

Vendor Name:	Account #
Contact Name:	Phone: ()
Vendor Name:	Account #
Contact Name:	Phone: ()
Vendor Name:	Account #
Contact Name:	Phone: ()

Three (3) years financial statements must accompany this credit application, if not available, please state reason:

The above information is current and correct. TeamTek Wholesale is free to contact the references listed above in order to establish the credit worthiness of the undersigned. In consideration for any extensions of credit, purchaser agrees to the terms and to the conditions of the sale shown on each invoice. The purchaser also agrees to pay reasonable attorney fees and other costs incurred for collections.

Print Name

Signature

Title

Date