



**U.S. CREDIT APPLICATION**  
*Let Our Team Help Your Team!*

**BUSINESS INFORMATION**

Company Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_ D&B #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address: *(if different than above)* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip 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?  Yes  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. Team Tek Canada 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 sale shown on each invoice. The purchaser also agrees to pay reasonable attorney fees and other costs incurred for collection.

\_\_\_\_\_

Print Name    Signature    Title    Date



