

Team Technical Services

6202 E Broadway Ave • Tampa, FL 33619
PH: (813) 621-8725 FAX: (813) 621-8588

ORDER PENDING? ORDER TOTAL?

APPLICATION FOR CREDIT

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

BUSINESS IS A: (check appropriate category)

PARTNERSHIP

CORPORATION

INDIVIDUAL

INDIVIDUAL PROPRIETORSHIP

UNDER THE LAW OF THE STATE OF:

SIC NUMBER:

TAX STATUS:

TAXABLE

NON-TAXABLE

CERTIFICATE NUMBER:

PRINCIPAL OWNER(S), OFFICER(S), AND STOCKHOLDER(S) ARE:

NAME: _____ **TITLE:** _____

SOCIAL SECURITY NUMBER:

HOME ADDRESS:

HOME PHONE NUMBER:

NAME: _____ **TITLE:** _____

SOCIAL SECURITY NUMBER:

HOME ADDRESS:

HOME PHONE NUMBER:

NAME: _____ **TITLE:** _____

SOCIAL SECURITY NUMBER:

HOME ADDRESS:

HOME PHONE NUMBER:

TYPE OF BUSINESS:

NUMBER OF YEARS BUSINESS HAS BEEN ESTABLISHED:

ESTIMATED MONTHLY CREDIT REQUIREMENTS:

Team Technical Services

6202 E Broadway Ave • Tampa, FL 33619
PH: (813) 621-8725 FAX: (813) 621-8588

CREDIT APPLICATION, cont.

NAME AND ADDRESS OF BANK USED BY BUSINESS:

ACCOUNT OFFICER: _____ **PHONE:** _____

CHECKING ACCOUNT:

SAVINGS ACCOUNT:

D&B (Dun & Bradstreet) NUMBER:

TRADE REFERENCES

Please supply 5 trade references with fax numbers:

NAME: _____
ADDRESS: _____
CONTACT: _____ **ACCOUNT NUMBER:** _____
PHONE: _____ **FAX:** _____

NAME: _____
ADDRESS: _____
CONTACT: _____ **ACCOUNT NUMBER:** _____
PHONE: _____ **FAX:** _____

NAME: _____
ADDRESS: _____
CONTACT: _____ **ACCOUNT NUMBER:** _____
PHONE: _____ **FAX:** _____

NAME: _____
ADDRESS: _____
CONTACT: _____ **ACCOUNT NUMBER:** _____
PHONE: _____ **FAX:** _____

NAME: _____
ADDRESS: _____
CONTACT: _____ **ACCOUNT NUMBER:** _____
PHONE: _____ **FAX:** _____

INTERNAL USE
MARKET: _____ **TYPE:** _____

Your Total Solution Supplier...
www.teamtechnical.com

INTERNAL USE
CAM: _____ **TDF:** _____