



Customer Credit Application

PLEASE FILL OUT COMPLETELY SIGN AND FAX TO ESTABLISH NET 30 DAY TERMS Desired Credit Limit \$

_____ Years in Business _____ Company Name _____

Dunn & Bradstreet # _____ D/B/A _____ Annual Sales \$ _____

Bill to Address _____ Net Worth \$ _____

Street Address _____ Number of Employees _____

City/State _____ Federal Tax ID # _____

Owner(s)/President _____ Accts. Payable Contact _____

AP Phone & Fax # _____ / _____ Company Structure AP E-mail Address

_____ Sole Proprietorship Banking Institution _____

Corporation (state _____) Acct. Numbers _____ Partnership Contact

_____ LLC Phone & Fax # _____ / _____

TRADE REFERENCES – * Must include 2 industry trade references * _____

Industry Reference # 1 _____ Account Number \$ _____

Annual Purchases _____ Phone No. Fax No. _____

Contact _____ Industry Reference # 2 _____

Account Number \$ _____ Annual Purchases _____

Phone No. Fax No. _____ Contact _____

Business Name _____ Account Number \$ _____

Annual Purchases _____ Phone No. Fax No. _____

Contact I authorize the release of the above information to Intelligent Technology Solutions for credit purposes only. In order for Intelligent Technology Solutions to grant me credit, I give permission for my credit to be checked as required for that purpose. Credit terms are net thirty (30) days from the date of invoice. If my account is referred for collection, I agree to pay all billing and collection costs and a reasonable attorney's fee. All the above is true and terms are accepted.

Print Officer's Name _____ Officer's Signature _____ Officer's Title

_____ This _____ date _____, 20____

Business hours 8:00 am to 5:00 pm CT, Phone 1-800-281-8901, Fax 281-550-5165 sales@its-itsm.com