

Credit Application/Business Information

TeleDynamics • 2200 Wheless Lane • Austin, TX 78723-2097
(512)928-1533 • FAX: (512)928-1575

Application is made for : () Open Account (Net 30 Terms) • () COD Company Check Acceptable • () Credit Card

Legal Name of Firm: _____
Name of Co.(if Subsidiary): _____
Mailing Address: _____

Shipping Address: _____

Phone Number: _____
Fax Number: _____
Email Address: _____
Date Company Established: _____
Credit Limit Desired: _____
() Sole Owner; () Partnership; () Corporation
State: _____
Name of Registered Agent: _____

Principal Stockholders, Owners, Partners:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Cell Phone Number: _____
Driver's License No.: _____ **State:** _____
Social Security No.: _____
Birthdate: _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Cell Phone Number: _____
Driver's License No.: _____ **State:** _____
Social Security No.: _____
Birthdate: _____

We authorize TeleDynamics to conduct a credit inquiry and if this application is approved, we agree to pay our account in accordance with TeleDynamics' credit terms. **We agree to pay all collection agency fees, court costs, and reasonable attorney's fees** _____ (please initial) in case of collection or suit for collection as well as maximum legal interest.

By: _____ (Authorized Signature and Title)

Date: _____
(Please Print Name)

TRADEREFERENCES:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____ Fax: _____
Account Number: _____
Contact Person: _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____ Fax: _____
Account Number: _____
Contact Person: _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____ Fax: _____
Account Number: _____
Contact Person: _____

BANKREFERENCE:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Fax: _____
Account No.: _____
Contact Person: _____

Customers who request an open account or C.O.D. company check status must fill out information below. If we ship out merchandise and do not receive payment according to the terms, we will charge your credit card account. This would be done only when all other methods of collection are exhausted.

MC or VISA Card Number _____
Expiration Date: _____ Last 3 digits on the back of card _____
Name as it appears on the card: _____
Billing Address: _____
Card Holder Signature: _____

Personal Guarantee: In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

Name: _____ Date: _____