

**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 .  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: \_\_\_\_\_  
 Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_  
 SocialSecurityNo: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_  
 SocialSecurityNo: \_\_\_\_\_ DOB: \_\_\_\_\_

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)**

**TRADE REFERENCES:**

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: \_\_\_\_\_

**BANK REFERENCE:**

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

Customers who request an open account, C.O.D. company check status or credit card account must fill out information below to authorize credit card use. 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.

American Express  Master Card/Visa

Credit Card Number : \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Last 3 digits on the back of card \_\_\_\_\_  
 Name as it appears on the card: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 CardHolder 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: \_\_\_\_\_