



6242 Ferris Square, San Diego, CA 92121 P: 858-622-2004 F: 858-622-2011

Application for Credit - Terms are Net 30 Days, OAC

Reseller Information

Company Legal Name _____

Date Established _____ Fed Tax ID Number _____ # of Employees _____

Reseller Permit Number _____ (attach copy) D&B _____

Amount of Credit Requested _____ Terms: Net 30, OAC

Billing Address _____

Phone: _____ Fax: _____

Purchasing/Executive: _____

Phone: _____ Fax: _____

Email: _____

Accounts Payable: _____

Phone: _____ Fax: _____

Email: _____

Statement of Ownership

State of Incorporation/Organization _____ Corporations specify: Publicly Held _____ Privately Held _____

Corporation _____ Partnership _____ Proprietorship _____ Other _____

For other than publicly held corporations, please complete the following:

Largest Shareholder:

Name: _____ Title _____

Percent Ownership: _____ Types of Ownership (Assets, Common or Preferred Shares) _____

Address _____

Email _____

Next Largest Shareholder:

Name: _____ Title _____

Percent Ownership: _____ Types of Ownership (Assets, Common or Preferred Shares) _____

Address _____

Email _____

Important notes on Trade & Bank References:

- Please include 4 Trade References to expedite response times. Additional references may be required if your Trade References do not respond.
- Include a **direct contact person** with their direct email and phone number or ext. in an Accounts Receivable Department (or similar). Avoid using general mailboxes, fax numbers, and/or phone numbers wherever possible.
- Only submit Trade References that have been active for two years or more.
- Allow 1-2 weeks for references to be verified and for application to be approved.

Trade References

Company: _____

Address: _____

Contact Name: _____ Title/Dept: _____

Direct Phone & Ext: _____ Fax: _____

Email: _____

Doing business since _____ Annual Volume _____ Terms _____

Company: _____

Address: _____

Contact Name: _____ Title/Dept: _____

Direct Phone & Ext: _____ Fax: _____

Email: _____

Doing business since _____ Annual Volume _____ Terms _____

Company: _____

Address: _____

Contact Name: _____ Title/Dept: _____

Direct Phone & Ext: _____ Fax: _____

Email: _____

Doing business since _____ Annual Volume _____ Terms _____

Company: _____

Address: _____

Contact Name: _____ Title/Dept: _____

Direct Phone & Ext: _____ Fax: _____

Email: _____

Doing business since _____ Annual Volume _____ Terms _____

Bank Reference

Bank Name: _____

Bank Address: _____

Bank Contact Name: _____ Title _____

Direct Phone & Ext: _____ Fax _____

Account Name: _____

Account Number: _____

Financial Statements

Please attach financial statements for each of the past two fiscal years and current YTD or most recent quarter.

Are financial statements audited? - - Yes / No (circle one)

If these financial statements are not audited, are they reviewed by an external accountant? - - Yes / No (circle one)

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I certify that the information herein is true and correct. I am an authorized representative and give permission to Tx Systems, Inc. to verify information for the purpose of extending credit. I fully understand that Tx Systems, Inc.'s terms are strictly net 30 days. I understand this account needs to remain in good standing to prevent finance charges and/or late fees being assessed, orders being placed on hold and/or credit terms being revoked. Tx Systems, Inc. reserves the right for periodic credit reviews and may request additional information. Tx Systems, Inc. will only use this information provided for this purpose and will keep it confidential.

____ Agree to comply.

Print Name: _____ Title: _____

Sign Name: _____ Date: _____

INTERNAL USE ONLY

Approved or Declined: _____ Date: _____

Amount of Credit Approved: _____ Approved by: _____

*When approved, terms are for no greater than Net 30 days from the date of our invoice. Terms may be approved & granted for less than Net 30 days.