



Business Name (Legal): _____
DBA (if any): _____
Address: _____
City: _____ **State:** _____ **ZipCode:** _____
Telephone: _____ **Fax:** _____ **Contact Email** _____

Credit Requested: _____ Industry/Nature of Business: _____
 Business Type: (check one) ___Non-Profit ___Corporation ___Partnership ___Proprietorship
 Federal ID #: _____
 Year Established: _____ Number of Employees: _____ Number of Locations: _____
 Date/State Incorporated: _____ Bankruptcy ever filed? ___No ___Yes Year: _____
 Accounts Payable Contact Name: _____ Title: _____
 Telephone: _____ Fax: _____ Email: _____
 Name of Bank: _____ Account No: _____
 City & State: _____ Telephone No: _____

TRADE REFERENCES: (Please List 3)

(1) _____ _____ _____ Tel: _____	(2) _____ _____ _____ Tel: _____
(3) _____ _____ _____ Tel: _____	<div data-bbox="751 1157 1344 1346" data-label="Text"> <p>For the purpose of obtaining credit on an open account, I (We) hereby attest that the information presented herewith is accurate and authorize the release of information to the credit department of Telematch, Inc.. I (We) understand that Telematch, Inc.'s terms of payment are DUE UPON RECEIPT and that Telematch may suspend terms in the event of past-due accounts.</p> </div>

Signature of Company Officer: _____ **Date:** _____

Print Name & Title: _____

<u>Officers or Principals</u>	
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____