

## CREDIT AUTHORIZATION

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Prospective New Account,

Thank you for applying for credit at TPI dba Telecom Products, Inc.

Please complete the application in its entirety and **provide email addresses for your references to expedite response time.** Completed applications may be emailed to begin the process; however, **WE DO REQUIRE THE SIGNED ORIGINAL APPLICATION** to be sent to us (via US Mail, FedEx, etc.) in order to open the account. If email addresses are not supplied, the process will be delayed. THERE ARE NO EXCEPTIONS TO ANY OF THE ABOVE.

**We cannot open an account if the application is not complete, if we do not have the original with the wet signature, or if the credit terms have been altered in any way.**

All special orders require full payment, in advance, prior to establishing an open account.

We look forward to supplying you an excellent quality product with service to match.

Please do not hesitate to call if you have any questions. To reach the accounting department directly, please email [accounting@tpitexas.com](mailto:accounting@tpitexas.com).

Thank you for your business.

Sincerely,

Farrah Marshall

Accounts Receivable Manager

1136 N. First Street, Garland, TX 75040

phone: 972.276.2901 • fax: 972.276.3451 • [accounting@tpitexas.com](mailto:accounting@tpitexas.com)

# CREDIT APPLICATION



## BUSINESS CONTACT INFORMATION

Company Name:  Commencement Date:

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other

Phone:  Fax:

Email:

Registered Address:

City:  State:  Zip:

Primary Address: ☐ Same as Above How Long at This Address:

Street:

City:  State:  Zip:

## CREDIT INFORMATION

Bank:  Contact Name:

Account Number:

☐ Savings ☐ Checking ☐ Other Email:

Phone:  Fax:

Credit Amount Requested:

\*Please note, provided trade references must have comparable credit limits to credit amount beings requested.

## AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize TPI dba TELECOM PRODUCTS, INC. to make inquiries into the banking and business/trade references that you have supplied.

## SIGNATURES

Signature:  Date:

Name:  Title:

Signature:  Date:

Name:  Title:

# CREDIT APPLICATION

## BUSINESS/TRADE REFERENCES



Company Name:

Phone:  Fax:

Email:

Registered Address:

City:  State:  Zip:

Company Name:

Phone:  Fax:

Email:

Registered Address:

City:  State:  Zip:

Company Name:

Phone:  Fax:

Email:

Registered Address:

City:  State:  Zip:

Company Name:

Phone:  Fax:

Email:

Registered Address:

City:  State:  Zip: