



CREDIT APPLICATION

Submit only if requesting Net Terms or using credit card

CREDIT TERM REQUEST

___ Credit Card ___ COD ___ Wire Transfer ___ Prepaid Check ___ Net Terms ___ Days

Current Purchase requirement \$ _____ Estimated Annual Purchase \$ _____

Amount of Credit desired \$ _____

NOTE: IF YOU HAVE STANDARD LIST WITH CREDIT-BANK-TRADE REFERENCES, YOU CAN ATTACH IT TO THIS APPLICATION

BUSINESS INFORMATION

Dunn & Bradstreet (D&B) No.:

Federal Tax ID No.:

Recent bankruptcy / re-organization or change in Ownership ___ Yes ___ No

Does your company require acknowledgment of each Purchase Order? ___ Yes ___ No

BANK INFORMATION

Bank Name:

Bank Address:

Contact Person:

Phone:

Fax:

Checking Account _____

Account number/s:

Credit Line / Other

CREDIT CARD INFORMATION

Name On Card:

Credit Card Type: ___ MasterCard ___ Visa ___ American Express

Card No.:

Exp Date:

CVV2 No.:

Name on Card (with Company name if shown):

Billing/Statement Address:

City:

State:

ZIP Code:

AGREEMENT

1. Upon execution of this agreement, customer agrees to pay all invoices within specified period on the terms approved by Teq AV/IT or Teq Digital (div. of Teq Group, Inc.) and will bear late fees at 18% annually and all collection/ legal charges in case of delinquency. Customer agrees to accept reduced terms for open account if payments are late consistently.
2. Upon exceeding the credit limit, customer agrees to pay the balance by alternative methods of payment like Credit Card, Wire transfer or COD.
3. By signing below the credit card holder agrees to pay all charges on the account for the products and services provided by Teq AV/IT or Teq Digital (div. of Teq Group, Inc.). Customer will be notified prior to applying any credit card charges. All credit card information is kept confidential and credit card numbers are not kept anywhere else.
4. By submitting this application, you authorize Teq Group, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Authorized Signature for credit reference

Authorized Signature for credit card

Name:

Name:

Title:

Title:

Date:

Date:

TEQ AV/IT (Div. of Teq Group, Inc.)
30162 Tomas, # 201
Rancho Santa Margarita, CA 92688, USA

Please FAX to (949) 709-4401 or email to accounting@teqavit.com

Phone: (949) 709-4040 or (877) 698-4327 www.teqavit.com www.teqdigital.com