

TI Broadcast Solutions Group

ATTN: Pam Pierce

Confidential Account Application



TI BROADCAST SOLUTIONS GROUP

DATE:

BILLING ADDRESS

Name						
Address						
City		Co.		State		Zip
Telephone						

SHIPPING ADDRESS

Name						
Address						
City		Co.		State		Zip

SPECIAL BILLING INSTRUCTIONS

Purchase Order Required	Yes		No	
Credit Limit Desired	\$			

Type of Business						
Year Business Organized		Year Incorporated		State		
Type of Ownership:	Corporation		Partnership		Individual	
Federal Tax ID #			Social Security #			
Rated with Dun & Bradstreet	Yes		No		Rating	

Facts on Proprietors, Partners or Officers

Name	Title	Address	Phone #

Do you pay sales tax:		%?		State		Zip Code	
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BANK REFERENCE

Name				Account		
Address		City		State		Zip Code
Telephone				Contact		

TRADE REFERENCES (Firms now extending credit - must have 3)

Vendor Name	Address	Phone #

TERMS ARE NET 30 DAYS

The undersigned has read, understands and agrees to be bound by the terms, as well as certifying that all the above information is true and correct as of this date. I understand that any credit now or hereafter given me is made upon the strength of the statements contained herein. 1-1/2% interest will be added per month to past due billings.

Applicant _____
Signature _____

Title _____
Date _____