

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION			
Title		Years in Business	
Company name		<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation
Phone Fax		<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
E-mail			
Registered company address City, State ZIP Code			
Billing Address (leave blank if same as above)			

BUSINESS AND CREDIT INFORMATION			
Bank name 1.		Bank name 2.	
Address City, State ZIP Code		Address City, State ZIP Code	
Phone		Phone	
Account number		Account number	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES			
Company name 1.		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name 2.		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name 3.		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

- All invoices are to be paid 30 days from the date of the invoice unless otherwise stated on the invoice.
- By submitting this application, you authorize TECHOLED LLC to make inquiries into the banking and business/trade references that you have supplied.
- By signing this application, you agree to TECHOLED LLC's terms and conditions to which all orders are subject to.

SIGNATURES			
Signature	<i>Brian Matthews</i>	Signature	
Name and Title		Name and Title	
Date		Date	