



CREDIT APPLICATION
Please fill out completely

6122 STRATLER STREET, SALT LAKE CITY, UT 84107
PHONE: (801)-265-0111 • EMAIL: AP@TMI-SLC.COM

Business Name: _____

Billing Address: _____

Shipping Address: _____

City, State, ZIP Code: _____

Telephone: _____ Email: _____

TYPE OF BUSINESS

Description of Business: _____

Corporation: _____ Partnership: _____ Sole-Proprietorship: _____ Other: _____

(Specify)

Federal I. D. Number: _____ DUNS Number: _____ State Tax Exempt Number: _____

(See accompanying Exemption Certification)

Number of years in business: _____ Number of Employees: _____

Parent Company: _____ Telephone: _____

Owners Name: _____ Telephone: _____

Principle Officer or General Manager: _____

Approximate monthly value of purchases: _____ Do you require Purchase Orders: _____

BANKING REFERENCE

Bank Name: _____ Branch: _____ Telephone: _____

Checking Account Number: _____ Contact Person: _____ Email: _____

BUSINESS REFERENCES

Name: _____ Contact: _____

Address: _____ Telephone: _____ Email: _____

Name: _____ Contact: _____

Address: _____ Telephone: _____ Email: _____

Name: _____ Contact: _____

Address: _____ Telephone: _____ Email: _____

In consideration of Technology Marketing, Inc. (TMI) extending credit hereunder, the undersigned jointly and severally, and unconditionally guarantee and promise to pay to the order of TMI, within 30 days of the date of invoice or on demand, any and all indebtedness to TMI at 6122 Stratler Street, Salt Lake City, Utah 84107. This is a continuing guarantee, and the obligations created hereby are unaffected by any change in the terms of the original indebtedness between TMI and the applicant save that of payment. Should, it become necessary to collect this account through an attorney, by legal proceedings, or otherwise, the undersigned, including endorsers, promise to pay all costs of collection, including reasonable attorney's fee. I/We understand, acknowledge and accept TMI's terms of sale and certify that the information given herein is true and correct. I/We authorize TMI to secure a credit report and agree to release of credit information. This authorization shall be continuing without expiration and a photocopy or FAX shall be given the same effect as the original.

TYPE OR PRINT NAME: _____

TITLE: _____ DATE: _____

SIGNED: _____ DATE: _____

(Individual)