

# APPLICATION FOR CREDIT

FOR FASTER PROCESSING, PLEASE PROVIDE FAX NUMBERS IN YOUR REFERENCES

NAME OR FIRM OR INDIVIDUAL \_\_\_\_\_

YEARS AT THIS ADDRESS \_\_\_\_\_

ADDRESS (NO P.O. BOXES) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

MOBILE

OFFICE

HEREBY applies for credit in accordance with the terms and conditions of:

**TEAM CONCEPT**

**PRINTING & THERMOGRAPHY**

**540 TOWER BLVD., CAROL STREAM, IL 60188**

**CARRIE STONE**

CREDIT MANAGER

**NET 30 DAYS UPON APPROVAL**

OUR NORMAL CREDIT TERMS

**630-653-8326 / 630-653-9256 FAX**

**Email: carrie@tcpt.biz**

The following information must be provided. It will be held in the strictest confidence.

Corporation     Check here if incorporated within the past 12 months     Partnership     Individual

1. _____	_____	_____	_____
NAME(S) OF PRINCIPAL(S)	COMPLETE ADDRESS	ZIP	PHONE
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

_____	_____
BANK	BANK ADDRESS
_____	_____
BANK OFFICER OR DEPARTMENT	PHONE

1. _____	_____	_____	_____
BUSINESS NAME	COMPLETE ADDRESS	ZIP	PHONE
2. _____	_____	_____	_____
			FAX
3. _____	_____	_____	_____
			PHONE
4. _____	_____	_____	_____
			FAX
			PHONE
			FAX

Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_ (Title) \_\_\_\_\_

BY:

TO:

FOLD

OWNERSHIP:

FOLD FOR WINDOW ENV.

FINANCE:

REFERENCES:

\*PLEASE PROVIDE FAX NUMBERS

**Credit Card Payment Release Form**

I, \_\_\_\_\_, acting as an authorized representative for \_\_\_\_\_, hereby give permission for payment of the above stated company's ship orders/orders to be charged prior to their release to the following credit card account. This release will remain valid until Team Concept approves net thirty-day terms.

MasterCard      Visa      American Express

Name listed on card:

\_\_\_\_\_

Address card billed to:

\_\_\_\_\_

Credit card account number: \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Thank You.