



intelinet systems™
enterprise solutions

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Credit Application

DATE _____ SALES REP. _____

CREDIT AMOUNT REQUESTED _____

COMPANY INFORMATION

LEGAL FIRM NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

BILLING ADDRESS (IF DIFFERENT) _____

TELEPHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____ WEB ADDRESS _____

TYPE OF BUSINESS / SIC CODE _____ DATE ESTABLISHED _____

TYPE OF OWNERSHIP CORPORATION PARTNERSHIP PROPRIETORSHIP

CONTACT INFORMATION

BILLING _____ PHONE _____ EXT. _____

PURCHASING _____ PHONE _____ EXT. _____

BANK INFORMATION

BANK NAME _____

CONTACT _____

PHONE _____ FAX _____

ACCOUNT TYPE _____ ACCOUNT NUMBER _____

TRADE REFERENCES (2 Required)

NAME _____ CONTACT _____

PHONE _____ FAX _____ CREDIT LIMIT _____

NAME _____ CONTACT _____

PHONE _____ FAX _____ CREDIT LIMIT _____

TO BE COMPLETED BY AN AUTHORIZED COMPANY REPRESENTATIVE

The information in this application and all financial statements submitted in connection herewith is for the purpose of obtaining credit and is represented by the applicant to be true and complete. The undersigned hereby authorizes Intelinet Systems to make credit inquiries for trade information and authorizes above mentioned bank of record to release information regarding stated account(s).

SUBMITTED BY: _____ TITLE: _____

SIGNATURE: _____ DATE: _____