



Touch International Credit Application

BUSINESS CONTACT INFORMATION			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:	State:	ZIP Code:	
Telephone:	Fax:	E-mail:	
Credit Desired:	Are Premises Leased?	How long at present location?	
Federal Tax ID Number:	Dun & Bradstreet Number:		
Is your company taxable? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please attach your Uniform Sales & Use Tax Certificate)			
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			
CREDIT REFERENCES			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
<ol style="list-style-type: none">1. All invoices are to be paid 30 days from the date of the invoice.2. Claims arising from invoices must be made within seven working days.3. By submitting this application, you authorize Touch International, Inc. to make inquiries into the banking and credit references that you have supplied.			
SIGNATURES			
Signature:		Date:	