



# 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"><li>1. All invoices are to be paid 30 days from the date of the invoice.</li><li>2. Claims arising from invoices must be made within seven working days.</li><li>3. By submitting this application, you authorize Touch International, Inc. to make inquiries into the banking and credit references that you have supplied.</li></ol>			
SIGNATURES			
Signature:		Date:	