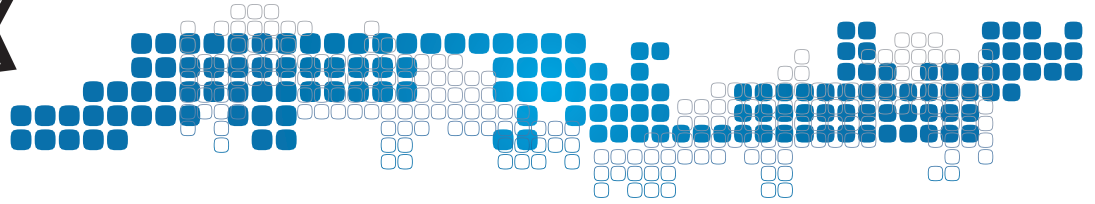




CREDIT APPLICATION



BUSINESS INFORMATION

Company Name: _____

DBA Name: _____ D&B #: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Billing Address: (if different than above) _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: () Fax: () E-mail: _____

Credit Amount Requested: \$ _____ Terms Requested: _____

Year Business Started: _____ Annual Sales: _____

Purchasing Contact: _____ Accounts Payable Contact: _____

Resale Tax #: _____ Are Products for Resale? Yes No

Company Principal: _____ Phone: () _____

BANK REFERENCES

Bank Name: _____ Account #: _____

Branch Address: _____

Contact Name: _____ Phone: () _____

TRADE REFERENCES

Vendor Name: _____ Account # _____

Contact Name: _____ Phone: () _____

Vendor Name: _____ Account # _____

Contact Name: _____ Phone: () _____

Vendor Name: _____ Account # _____

Contact Name: _____ Phone: () _____

Three (3) years financial statements must accompany this credit application, if not available, please state reason:

The above information is current and correct. TeamTek Wholesale is free to contact the references listed above in order to establish the credit worthiness of the undersigned. In consideration for any extensions of credit, purchaser agrees to the terms and to the conditions of the sale shown on each invoice. The purchaser also agrees to pay reasonable attorney fees and other costs incurred for collections.

Print Name

Signature

Title

Date