

**Credit Application**

Who is your sales/service contact at Tekserve? \_\_\_\_\_

**COMPANY INFORMATION**

Company Name \_\_\_\_\_ Resale/Tax Exempt # \_\_\_\_\_ (attach copy )  
Billing Address \_\_\_\_\_ D&B # \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Parent Company? \_\_\_\_\_ ☐ N/A  
Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Accounts Payable Email: \_\_\_\_\_  
Computer Repair Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Computer Repair Email: \_\_\_\_\_

**BANK REFERENCE**

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

**TRADE REFERENCES**

We depend on Dun &amp; Bradstreet recommendations; if you are not listed, we will not be able to extend credit.

1. Company (one must be local) \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
2. Company \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
3. Company \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**CREDIT CARD GUARANTEE (OPTIONAL)**

A credit card guarantee will make it much easier for Tekserve to extend you credit. If Tekserve doesn't receive payment within terms, I authorize Tekserve to put the charges on our credit card.

Name on Credit Card \_\_\_\_\_ Card # \_\_\_\_\_ Expiration \_\_\_\_\_

**AGREEMENT**

Tekserve requires a purchase order for all sales and service. Tekserve's billing terms are net20 days. Tekserve will add sales tax for all items and services delivered within New York State, unless a tax exemption form is attached. This letter authorizes the bank and vendors named above to release credit and payment information to Tekserve, and authorizes Tekserve to obtain credit & business information regarding your company from credit reporting agencies and other suppliers. If the credit card guarantee is filled out above, this authorizes Tekserve to charge that card.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

**EMAIL COMPLETED FORMS TO CREDIT@TEKSERVE.COM OR FAX TO (212) 463-9280**

Please allow five business days for the application to be processed.