



For TCS Use Only

Customer #: _____
 Sales Rep #: _____
 Approved #: _____

Information (REQUIRED)

Name of Company: _____
 Billing Address: _____ City: _____ State _____ Zip Code _____
 Physical Address: _____ City: _____ State _____ Zip Code _____
 Phone: _____ Fax: _____ Email: _____
 Ownership: Corporation Partnership Individual
 Name(s) of Principal/Manager Partner/Owner: _____
 Name of Accounts Payable Contact: _____
 A/P Email: _____ A/P Phone: _____
 Email for Invoices: _____
 Line of Business: _____ Years in Business: _____
 Dun & Bradstreet #: _____
 Is Company Tax Exempt: Yes No (If yes, please attach resale certs or applicable exemption.)

Bank Reference (REQUIRED)

Bank: _____
 Bank Address: _____ City: _____ State _____ Zip Code _____
 Bank Phone: _____ Fax: _____
 Account Number: _____

Credit References Check (REQUIRED)

Name of Company: _____
 Contact Name: _____
 Account Number: _____
 Address: _____ City: _____ State _____ Zip Code _____
 Phone: _____ Fax: _____ Email: _____

Name of Company: _____
 Contact Name: _____
 Account Number: _____
 Address: _____ City: _____ State _____ Zip Code _____
 Phone: _____ Fax: _____ Email: _____

Name of Company: _____
 Contact Name: _____
 Account Number: _____
 Address: _____ City: _____ State _____ Zip Code _____
 Phone: _____ Fax: _____ Email: _____

This application serves as authorization for the above listed bank and references to release information to TCS Basys Controls. We certify that all the information on this form is correct. We fully understand TCS Basys Controls' credit terms (Net 30 days) and agree to the proper payment in consideration for extended credit.

Signature: _____ Title: _____ Date: _____