

TECHNIGRAPHICS, INC. CREDIT APPLICATION

Company Name/DBA _____

Bank Ref/Acct#, Contact/Title/ Phone#

Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Tele: _____

Fax: _____

Email: _____

Type of Business:

_____ Sole Proprietorship

_____ Partnership

_____ Corporation - State/Province of: _____

FEIN _____

Tax Exempt? _____ **Yes** _____ **No**

If yes, # _____

Please attach a copy of your tax-exempt certificate.

Name & Address of principals, individuals, or partners:

Name of person to contact regarding purchase orders,
& invoice payments

Trade Reference:

Company Name/Address/ Contact/Title/Phone &
Fax/Acct #

1. _____

2. _____

3. _____

Amount of Credit for which you are applying?

US\$ _____

TGS Use Only:

Date Received: _____

Date Approved: _____

Customer #: _____