

Tyler Business Services, Inc.

Credit Application

Please print or type all information.

GENERAL INFORMATION

Credit Amount Requested _____ Date _____

Company Name _____

Accts. Payable Contact _____ Phone _____

Fax _____ E-Mail _____

Street Address _____

City, State, Zip _____

Type of Company: Corporation Partnership Nonprofit Organization _____

Resale or Tax Exempt No. _____ **Resale or Tax Exempt Certificate must be attached.**

Company Established _____ Federal ID No. _____

Approved Purchasers _____

BANK INFORMATION

Bank Name _____ Contact _____

Checking Account No. _____ Savings Account No. _____

Street Address _____ City, State, Zip _____

Phone _____ Fax _____

REFERENCES

(Please list previous printer as reference, if applicable)

Account No. _____ Contact (Mr., Ms.) _____ Phone _____

Company Name _____ Fax _____

Street Address _____ City, State, Zip _____

Account No. _____ Contact (Mr., Ms.) _____ Phone _____

Company Name _____ Fax _____

Street Address _____ City, State, Zip _____

Account No. _____ Contact (Mr., Ms.) _____ Phone _____

Company Name _____ Fax _____

Street Address _____ City, State, Zip _____

(Only needed if in business under 2 years or do not have established references.) Officers Names & Social Security Numbers

My signature certifies the information provided in this application is accurate to the best of my knowledge and gives permission to Tyler Business Services, Inc. to obtain (now and in the future as long as the above listed company is a customer) references, bank information and credit reports on the above listed company and it's officers (if applicable). I understand Tyler's terms are net 30 days.

Authorized Signature _____ Print Name _____ Title _____

Return application to: 313 Hooff's Run Dr., Alexandria, VA 22314 or Fax to: 703-647-5056