



# Team 1 Systems, Inc. Credit Application

Business Name			Date
Street			Phone
City	State	Zip	DOB
Please Check One of the Following <input type="checkbox"/> <b>Corporation</b> <input type="checkbox"/> <b>Partnership</b> <input type="checkbox"/> <b>Proprietorship</b>			
President		Treasurer	
Vice President		Controller	
Parent Company		Does Parent Company Guarantee Debits? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide more details)	
Type of Business		Number of Employees	
Credit Line Required	Purchasing Agent	Do You Use PO's? <input type="checkbox"/> No <input type="checkbox"/> Yes	

## Bank References (Must Provide Account Number)

### Checking

Bank Name	Phone #	Account #
Address	City	State, Zip

### Savings

Bank Name	Phone #	Account #
Address	City	State, Zip

### Loan

Bank Name	Phone #	Account #
Address	City	State, Zip

## Trade Credit References

Name	Phone #	Account #
Address	City	State, Zip
Name	Phone #	Account #
Address	City	State, Zip
Name	Phone #	Account #
Address	City	State, Zip

**We the undersigned agree to pay Team 1 Systems, Inc. within the terms they choose to assign. Furthermore, the information that we provided is correct and up to date.**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Title**