



CREDIT APPLICATION

TEKSAVERS, INC
 9705 BURNET ROAD, STE 201
 AUSTIN, TX 78758
 (P) 512 832 6188 (F) 512-233-2328

Failure to fill in all blanks may delay processing. Attach most recent financial statement. Application must be signed by owner or duly authorized officer or partner.
SEND FAX TO: 512-233-2328 Attn: CREDIT DEPARTMENT

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

Firm Name:				Telephone ()	
Parent Corporation of AKA (Also Known As):				Fax#	
Purchasing Contact:				Telex#	
Billing Address:					
City	State	Zip	Country		
Type of Enterprise:	Corporation	Partnership	Proprietorship		
Names of Principals and Titles:					
Accounts Payable Contact:				Telephone ()	
Date Business Started	Sales Terms	Facilities Owned or Leased?			
Principal Computer Lines Carried:					

Present Yearly Sales Volume:	<input type="checkbox"/> \$100,000 to \$500,000	<input type="checkbox"/> \$5,000,000 to \$10,000,000
<input type="checkbox"/> Under \$50,000	<input type="checkbox"/> \$500,000 to \$1,000,000	<input type="checkbox"/> Over \$10,000,000
<input type="checkbox"/> \$50,000 to \$100,000	<input type="checkbox"/> \$1,000,000 to \$5,000,000	

BANK REFERENCES

*Less than 2 years, a second bank reference required

CHECKING				SAVINGS			
Bank				Bank			
Address				Address			
City	State	Zip		City	State	Zip	
Telephone ()	FAX#			Telephone ()	FAX#		
Account Number				Account Number			
Account Name				Account Name			
Contact				Contact			

U.S. TRADE REFERENCES

*Companies with whom credit has been established; three required

1. Name				Type of Business			
Address				City	State	Zip	
Telephone()	FAX#			Payment Terms	Customer #		
2. Name				Type of Business			
Address				City	State	Zip	
Telephone ()	FAX#			Payment Terms	Customer #		
3. Name				Type of Business			
Address				City	State	Zip	
Telephone ()	FAX#			Payment Terms	Customer #		

We expect our monthly credit requirements from you to be approximately: \$

In consideration of the extension of credit and establishment of a credit account, applicant acknowledges liability for payment of amounts due TekSavers, Inc. for delivery of products. If TekSavers, Inc. must take action to collect any balance owing, applicant agrees to pay all reasonable costs and expenses incurred in collection including, but not limited to, reasonable attorney's fees, court costs, and interest thereon at the then maximum legal rate.

By signing this agreement, applicant acknowledges payment will be made according to quoted terms on invoice. All past due invoices are subject to interest charges at the maximum allowable legal rate. Signature also authorizes the release of credit information concerning our company that TekSavers, Inc. may reasonably require.

Authorized Signature _____ Title _____ Date _____

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