



P.O. Box 3  
Westmont, IL 60559-0003

800.445.7365  
fax 630.789.5003  
www.t-cardsystems.com

DATE \_\_\_\_\_

**APPLICATION FOR CREDIT**

COMPANY NAME		PHONE
BILLING ADDRESS		FAX
CITY	STATE	ZIP
CONTACT	EMAIL	
SHIP TO NAME		PHONE
SHIP TO ADDRESS		FAX
CITY	STATE	ZIP
CONTACT	EMAIL	
TYPE OF BUSINESS	DATE STARTED	
ANNUAL SALES		
OFFICER'S NAMES & TITLES		

**TRADE REFERENCES**

NAME	ADDRESS/ACCOUNT #	PHONE #
1.		
2.		
3.		

NAME OF BANK		
ADDRESS		
CITY	STATE	ZIP
PHONE		

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE BETTER WAY AND IT'S REPRESENTATIVES TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY. APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS: **NET 30 DAYS.**

PRINT NAME	TITLE
SIGNATURE	DATE