906 Curie Dr
Alpharetta,GA 30005
(866) 303-9408
www.telecomspecialties.com
Email application to: accounting@telecomspecialties.com

Application For Open Account

Legal Business Name:	**Trade Name:**	**Phone #:**
		Fax #:
Billing Address:		

Business Type: Corp[___] LLC[___] Partnership[___] Proprietorship[___] Other (Specify)[__]_____

Years in business: _____ Owner / President: _____ FEIN: _____

Nature of Business:_____ Dun & Bradstreet #:_____

Tax Exempt: Y[___] or N[___] (If Yes, please provide all applicable tax exemption documentation for locations orders will be shipped to. Failure to provide proper exemption information will result in taxes being applied.)

Amount of monthly credit requested: $_____

Accounts Payable Information

AP Contact Name:	**AP Contact E-mail:**
	AP Contact Phone #:
E-mail that invoices are to be sent to:	

***Bank and Trade references are to be sent along with this application in order to be considered complete.**

Credit Terms: Upon approval of this application a credit extension amount will be determined, and all invoices are due and payable within (30) thirty days of the invoice date. A finance charge will be imposed on any amount (30) thirty days or more past due at a periodic rate of 2% per month (annual percentage rate is 24%). Orders placed on past due accounts or accounts exceeding the approved credit limit cannot be processed on your open account without prior approval. Credit terms and account status may be reviewed periodically and are subject to change following extended periods of account inactivity.

By signing below I affirm that all information provided is true and accurate to the best of my knowledge, and that I have the authority to enter into these terms on behalf of the business listed above. Furthermore, in order to determine the validity of the information listed above, I consent to the included bank and trade references to provide the necessary information upon request.

Signature: _____ Date: _____

Name (Printed): _____ Title: _____