

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Name	
Title	
Phone Fax	
E-mail	

BUSINESS INFORMATION

Legal Business Name			
Primary business address (City, State ZIP Code)		How long at current address?	
Phone		Bank name:	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
Date business commenced			
Legal structure	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
Contact Person Name		E-mail	

Company name		Phone	
Address		Fax	
Contact Person Name		E-mail	

Company name		Phone	
Address		Fax	
Contact Person Name		E-mail	

AGREEMENT

1. All invoices are to be paid within approved credit days from the date of the invoice. Payments to be made via ACH or via Check in the name of Sifam Tinsley Instrumentation Inc. The delivery for the first PO for the new company is against advance.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Sifam Tinsley Instrumentation Inc to make inquiries into the banking and business/trade references that you have supplied.
4. Mail/Fax/Email to: Sifam Tinsley Instrumentation, Inc., 3105 Creekside Village Dr., Suite 801, Kennesaw, GA 30144. Phone: (404) 736-4903. Attn: Prashant Kajale, psk@sifamtinsley.com.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	