



WWW.TEN-FOUR.COM

4230 Kiernan Ave Suite 105 Modesto, CA 95356
P.O. BOX 579106 MODESTO, CA 95357-9106
209-529-9967

CREDIT APPLICATION

BILLING & BUSINESS INFORMATION

NAME _____ D/B/A _____

MAILING ADDRESS: _____

SHIPPING ADDRESS: _____

CONTACT NAME: _____

Phone number(s) _____ Fax number _____

Email address _____

COMPANY PROFILE

Corporation _____ Partnership _____ Franchise _____

Date you started business or assumed control _____ Type of business _____

Tax ID _____ Re-sale Number _____

Officers or Principals:

Name: _____ Title _____

Name: _____ Title _____

Accounts Payable: _____ Phone: _____

Billing Options: Mail Email

Email: _____

Purchase order required? _____

Persons authorized purchase _____

I certify that I am authorized by my employer to apply for open account terms and the information provided in the application is true and correct. I am agreeing to comply with all terms of open accounts as set forth by Ten-Four Communications who also reserves the right to change terms at any time, without notice. I understand that Ten-Four Communications reserves the right to begin charging 1.5% per month on all outstanding balances past due. I hereby authorize the release of credit information requested relevant to the above account for the attainment of a credit report from a credit reporting agency. I understand that application for terms in no way constitutes approval by Ten-Four Communications.

Signature

Title

Date

Please Provide Three Credit References:

Company Name:
Address:
Account #
Fax:

Company Name:
Address:
Account #
Fax:

Company Name:
Address:
Account #
Fax: