14647 W95th St Lenexa, KS 66215

**CREDIT APPLICATION**

**Business Contact Information**

|  |  |
| --- | --- |
| **Requestor Name** | **Requestor Title** |
| **Legal Company Name** |  |
| **Company Web Address** |  |
| **Business Type** | **D&B Number** |
| **Business** | **Business Operation** |
| **Sales Channel** | **Date Established** |

**Business Credit Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Requested Credit Limit**  *(Attach audited financial statement if request is greater than $10,000)* | | **Annual Sales Volume** | |
| **Estimated Monthly Purchases** | | **Primary Billing Contact Name** | |
| **Contact Name** | | **Contact Email** | |
| **Primary Business Physical Address** | |  | |
| **Rent or Own?** | | **Phone Number** | |
| **Years at Address** | | **Fax Number** | |
| **Number of Employees** |  | **Fiscal Year End** |  |
| **Federal Tax ID** | **EIN** | **Sales Tax Exemption #**  *Attach signed exemption certificate.* | **Tax Rate or County** |

**Shipping Information**

|  |  |
| --- | --- |
| **Primary Shipping Contact Name** | **Email Address** |
| **Shipping Address** |  |
| **Phone Number** | **Fax Number** |
| **Special Instructions** |  |

**Bank Information**

|  |  |
| --- | --- |
| **Bank Name** | **Contact Name** |
| **Bank Address** |  |
| **Checking Account Number** | **Loan Account Number** |
| **Telephone Number** | **Fax Number** |

**Business/Trade References**

|  |  |  |  |
| --- | --- | --- | --- |
| **Firm Name** | | **Contact Name** | |
| **Address** | |  | |
| **Email Address** | | **Telephone Number** | |
| **Account Number** | | **Fax Number** | |
| **Account Type** | |  | |
| **Firm Name** | | **Contact Name** | |
| **Address** | |  | |
| **Email Address** | | **Telephone Number** | |
| **Account Number** | | **Fax Number** | |
| **Account Type** | |  | |
| **Firm Name** | | **Contact Name** | |
| **Address** | |  | |
| **Email Address** | | **Telephone Number** | |
| **Account Number** | | **Fax Number** | |
| **Account Type** | |  | |
| **Firm Name** | | **Contact Name** | |
| **Address** | |  | |
| **Email Address** | | **Telephone Number** | |
| **Account Number** | | **Fax Number** | |
| **Account Type** | |  | |

**Agreement**

My signature certifies that this information is true and correct, authorizes Computer Incentives to verify the above, and attests to our financial responsibility, ability and willingness to pay Computer Incentives’ invoices in accordance with agreed-upon terms. Should those terms, now or at any future date, include a service charge for late payment or collection and attorney fees incurred seeking to enforce this agreement, we agree to pay such charges. Buyer consents to the personam jurisdiction of any court located in Johnson County, Kansas. Buyer agrees that services of process may be made by mailing a copy of summons and complaint to Buyer at its address set forth in the records of Tallgrass Technologies.

Signature Title Date

**Please Return to: Computer Incentives**

**Attn: Credit Department**

**Tel: 913-217-6101 Fax: 888-857-6432 Email: orders@computer-incentives.com**