



Technical Diagnostic Services
 15825 Trinity Blvd.
 Fort Worth, Texas 76155
 817-465-9494 fax:817-465-9573
www.technicaldiagnostic.com

Business Account Credit Application

Business Information

Company Name: _____ Date: _____
 Street Address: _____ Telephone: _____
 City, State, Zip: _____ Fax: _____

Type of Business: _____ Business Structure: Corporation
 Date Started: _____ Partnership
 Yrs. At Address: _____ LLC
 Sole Proprietor

| Owner(s) | Name | Title | Email |
|----------|------|-------|-------|
| | | | |
| | | | |

Bank References

| | |
|--------------------|--------------------|
| Bank: _____ | Bank: _____ |
| City, State: _____ | City, State: _____ |
| Telephone: _____ | Telephone: _____ |
| Fax: _____ | Fax: _____ |
| Contact: _____ | Contact: _____ |
| Account #: _____ | Account #: _____ |

| Trade References | #1 | #2 | #3 |
|------------------|----|----|----|
| Company: | | | |
| City, State: | | | |
| Fax: | | | |
| Telephone: | | | |
| Contact: | | | |
| Account #: | | | |

I understand the following and will abide by your company regulations:

1. Notify Technical Diagnostic Services of any changes in ownership of our company.
2. If granted credit, our company agrees to pay all invoices within 30 days of invoice date.
3. It is agreed that our company will pay 1.5% per month, which is 18% yearly for all past due balances.
4. It is agreed that our account will become C.O.D. or credit card if we fail to pay invoices within the above stated terms.
5. Our company financial condition is satisfactory and we can meet all financial obligations.
6. There are no lawsuits or judgments against me or the company at this present time. If our company defaults on payment of any outstanding valid invoices, we agree to pay attorney and/or collection expenses.
7. Our company agrees to allow TDS to access to information regarding our credit.

I make the foregoing application for credit for the purpose of obtaining credit on an open account basis.

Signature: _____ Title: _____
 Printed Name: _____ Date: _____

| | | |
|------------------------|---------------------------|-----------------------------|
| For internal use only: | Credit Limit _____ | Accounting Entered By _____ |
| | Completed By & Date _____ | Date _____ |
| | AE Approval & Date _____ | |