Tyler Business Services, Inc.
Credit Application

Please print or type all information.

GENERAL INFORMATION

Credit Amount Requested _____ Date _____

Company Name_____

Accts. Payable Contact _____ Phone _____

Fax _____ E-Mail _____

Street Address_____

City,State,Zip _____

Type of Company: [ ] Corporation [ ] Partnership [ ] Nonprofit Organization [ ] _____

Resale or Tax Exempt No. _____ **Resale or Tax Exempt Certificate must be attached.**

Company Established _____ Federal ID No._____

Approved Purchasers _____

BANK INFORMATION

Bank Name _____ Contact _____

Checking Account No. _____ Savings Account No._____

Street Address_____ City, State, Zip_____

Phone _____ Fax _____

REFERENCES

(Please list previous printer as reference, if applicable)

Account No._____ Contact (Mr., Ms.) _____ Phone _____

Company Name_____ Fax _____

Street Address_____ City,State,Zip_____

Account No._____ Contact (Mr., Ms.) _____ Phone _____

Company Name_____ Fax _____

Street Address_____ City,State,Zip_____

Account No._____ Contact (Mr., Ms.) _____ Phone _____

Company Name_____ Fax _____

Street Address_____ City,State,Zip_____

(Only needed if in business under 2 years or do not have established references.) Officers Names & Social Security Numbers

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My signature certifies the information provided in this application is accurate to the best of my knowledge and gives permission to Tyler Business Service credit reports on the above listed company and it's officers (if applicable). I understand Tyler's terms are net 30 days.

Authorized Signature_____ Print Name_____ Title_____

Return application to: 313 Hoof's Run Dr., Alexandria, VA 22314 or Fax to: 703-647-5056.