



Business Credit Application

"World Class Customer Service"

PLEASE FAX COMPLETED APP TO 480-488-5795

4360 E. Tennessee St., Tucson, AZ 85714 Phone 520-352-3311 Fax 520-352-3312
 3020 S. 19TH Ave, Phoenix, Arizona 85009 Phone 602-253-3311 Fax 602-253-3320
 Remit to address: P.O. Box 13641, Scottsdale, AZ 85260 Accounting Phone 480-651-8452 accounting@tsraz.com

Owner Information

Last:		First:		Middle Initial:	
Name of Business:				Tax I.D. Number	
Address:				Phone:	
City:	State:	Zip:	Fax:		

Company Information

Type of Business:	In Business Since:	ROC #
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>		
If Division/Subsidiary, Name of Parent Company:		
Name of Company Principal Responsible for Business Transactions:		Title:
Name of Company Principal Responsible for Business Transactions:		Title:

Bank References

Bank Name:	
Checking Account #:	
Address, City, State, Zip:	
Bank Contact Name:	
Phone:	Fax:

Trade References

Company Name:	Company Name:
Contact Name:	Contact Name:
Address, City, State, Zip:	Address, City, State, Zip:
Phone:	Phone:
Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:

DAMAGE WAIVER: ACCEPT DECLINE - PLEASE PROVIDE CERTIFICATE OF INSURANCE PO REQUIRED? Yes No

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date

Print Name

TSR Account Manger