

APPLICATION FOR CREDIT

TCS Wireless, Inc.
 5364 Pergran Court
 Jacksonville, FL 32257
 VOICE (904) 720-0061 FAX (904) 262-8585

Application Date: _____

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Nature of Business:		
Tax Exempt? (Yes/No):	If "Yes", Tax Exempt Number:	
If "Yes", please submit a copy of your Tax Resale Certificate with this application.		
Business Type (Individual, Partnership, Corporation):		
Date Business Started:		
Do You Require Purchase Orders? (Yes/No):		
Principal Owner(s) of Company: list below		
Name:	Title:	S.S.#:
Name:	Title:	S.S.#:
Name:	Title:	S.S.#:
Attach List of three Credit References		
Principal Business Bank:		Account Number:
Bank Address:		
Contact Person At Bank:		Phone Number:

Signature below verifies all information in this application to be correct.

Firm: _____

By: _____
 (Officer or Partner)

Title: _____