



Tempe Camera Repair, Inc. • 606 W. University Drive • Tempe, Arizona • 85281

Phone: 480-966-6954 x 120 • Fax: 480-966-3723 • Web: tempecamera.com • E-Mail: sds@tempecamera.com

To: Accounts Payable

From: Susan DeLanie Smith

Re: **Commercial Credit Application and
Authorization for Tempe Camera to obtain credit reporting**

Dear Sir, Ms,

Please complete each section of the following application. If your company has a standard form that it usually submits, it may be sent in lieu of our form. However, please complete any information on our credit application which does not appear on your standard form.

Company Name		Date Established
Address		
City ,State,Zip		
Phone	Fax	E-Mail

Please indicate type of business (circle one): Corporation, Co-Partner, Individual

If a Branch Office, list Parent Company information:

Name	Address	Phone
------	---------	-------

Principal Owners, Stockholders, Partners, Officers of Company:

Name of President/Owner	Social Security Number if Sole Proprietorship	
Address		
City ,State,Zip		
Phone	Fax	E-Mail

Company and Account information:

Delivery Address
Accounts Payable Manager
Purchasing Agents

TCR COMMERCIAL CREDIT APPLICATION

References. Please list active accounts only.

Bank Reference	Trade Reference	Trade Reference
Name of reference:		
Address:		
Phone and Fax::		
City, State, Zip:		
Account Number:		
Contact Name		

Trade Reference	Trade Reference	Trade Reference
Name of reference:		
Address:		
Phone and Fax::		
City, State, Zip:		
Account Number:		
Contact Name		

Credit Line desired (line of credit should reflect anticipated monthly purchases.) \$

Will Purchase Orders be required?

YES	NO
-----	----

Will Invoices be required?

YES	NO
-----	----

Will Sales Taxes be paid?

YES	NO
-----	----

If NO, sign and return AZ Form 5000 Tax-Exempt Certificate

In order to expedite the processing of Commercial Credit applications and/or Rental Deposit Agreements, Tempe Camera Repair, Inc. utilizes a credit reporting agency. This is optional to your company. If Tempe Camera obtains this information, it is available to you upon request.

I, the undersigned, authorize Tempe Camera Repair, Inc. to obtain credit history information for the sole purpose of establishing a commercial billing account and trade reference verification. If the report is obtained, I may request a copy.

X _____
 Authorization Signature Date

 Please print name