

606 W UNIVERSITY DR • TEMPE, ARIZONA 85281 • TEMPECAMERA.COM 480.966.6954 • 800.836.7374 • accounts@tempecamera.com

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	e of business (circle one):	Corporation,	Co-Partner,	Individual
If a Branch Office,	list Parent Company inform	nation:		
Name	Address			Phone
Name of President/Owner			Social Security N	Sumber if Sole Proprietorship
Address			Social Security IN	umber if Sole Proprietorship
City ,State,Zip				
Phone	Fax		E-Mail	
Company and Acco	ount information:			
Delivery Address				
Accounts Payable Manager				
Purchasing Agents				

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			
Will Purchase Orders be required?	dit should reflect anticipated monthy YES NO YES NO	γ Ι γ [Ψ	
Will Sales Taxes be paid?		sign and return AZ 5000 Tax-Exempt Cer-	
Tempe Camera Repair, Inc. utiliz Camera obtains this information I, the undersigned, authorize T purpose of establishing a comme	sing of Commercial Credit applications zes a credit reporting agency. This is o, it is available to you upon request. Tempe Camera Repair, Inc. to obtain crecial billing account and trade reference equest a copy.	optional to your company. If Tempe edit history information for the sole	