



NEW ACCOUNT REQUEST

Return completed form to
Tekussalesadmin@teknion.com. Thank you.

ALL FIELDS ARE REQUIRED

Date: _____

Potential Net Dollar Value: \$

Customer Name:

Street Address:

City:

State:

Zip:

Purchasing Contact Name:

Purchasing Contact Phone Number:

Account Payable Name:

Accounts Payable Contact e Mail:

Invoicing Contact Name:

Invoicing Contact e Mail:

Acknowledgment Contact Name:

Acknowledgment Contact e Mail:

Government:

Tax Exempt:

****If tax is NOT APPLICABLE, a tax exempt certificate must be supplied as well as an exemption number. It is the responsibility of the customer to ensure that all the necessary documents are supplied otherwise, tax WILL be charged on their invoices.**

Form Completed By:

e Mail Address (for questions):



NEW ACCOUNT REQUEST

The following pages must be completed by the dealer and/or end customer

CREDIT APPLICATION - Required for account creation

Please fill in and return the following credit application.

Please make sure to include the following with your return:

- Fax Numbers for your trade references and bank reference
- A copy of your tax exempt certificate, or written advice that you are not tax exempt
- A copy of your current financial statement, certified statement, reviewed statement or compilation, or your most recent tax return. This information will be kept confidential and used solely for the purpose of completing your credit application.
- A signed Bank Reference Authorization.

The return of the above information will help expedite your credit application. Thank you

Customer Name:

Check if Same as Invoicing:

Years in Business:

Tax Exempt:

Check if Same as Invoicing:

Street Address:

City:

State:

Zip:

Phone Number:

Fax Number:

Names of Principals:

Names of Principals:

Names of Principals:

Tax exemption certificate (if applicable) or Direct Pay Permit for the state product is shipping to must be returned with this paperwork or sales tax will be charged.

Studio TK must bill tax if you do not provide the necessary certificate, even if your organization is tax exempt.

Certificates should be emailed as part of this package to Tekussalesadmin@teknion.com.



TRADE REFERENCES
MINIMUM OF 3 (three)

Reference 1

Customer Name:

Street Address:

City:

State:

Zip:

Phone Number:

Fax Number:

Reference 2

Customer Name:

Street Address:

City:

State:

Zip:

Phone Number:

Fax Number:

Reference 3

Customer Name:

Street Address:

City:

State:

Zip:

Phone Number:

Fax Number:

Reference 4

Customer Name:

Street Address:

City:

State:

Zip:

Phone Number:

Fax Number:



BANK REFERENCES

Reference 1

Bank Name:

Street Address:

City:

State:

Zip:

Phone Number:

Fax Number:

Account Number:

Reference 2

Bank Name:

Street Address:

City:

State:

Zip:

Phone Number:

Fax Number:

Account Number:

Reference 3

Bank Name:

Street Address:

City:

State:

Zip:

Phone Number:

Fax Number:

Account Number:



BANK REFERENCE AUTHORIZATION

Customer to Complete

To:

Bank Name:

Street Address:

City:

State:

Zip:

Phone Number:

Fax Number:

The undersigned, an authorized representative of
hereby authorizes
information requested below.

to release to Studio TK the

The purpose of this inquiry is to allow Studio TK to establish an open account credit limit.
Amount of credit limit (if applicable):

By: (signature) _____

Bank to Complete

Name:

Title:

Date:

Account Number:

Type:

Date Opened:

Balance:

Account Number:

Type:

Date Opened:

Balance:

NSF:

Relationship:

Loan History:

High Credit:

Secured:

Balance:



NEW ACCOUNT REQUEST

For Studio TK Office Use Only

Terms of Payment:

Credit Analyst:

Credit Limit:

Credit Check:

Special Terms: