



Technology Services, Inc.

Tel: 281-646-1200 ~ Fax: 281-646-1273

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Name:		Title:	
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BANK INFORMATION

Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 20 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Alexaur Technology Services, Inc. to make inquiries into the banking and business/trade references that you have supplied.
4. In consideration of the extension of credit granted by Alexaur Technology Services, Inc., I hereby personally, individually and unconditionally guarantee payment of whatever amount, which at any time shall be owing to Alexaur Technology Services, Inc. on account of goods and services delivered, after the date hereof. This guarantee shall be perpetual as to any indebtedness incurred before written notice is received by Alexaur Technology Services, Inc. that I am unwilling to guarantee any additional indebtedness on this account.

SIGNATURE

Signature: _____	Date: _____
Title: _____	