

TRAM SUPPORT, INC.

APPLICATION FOR OPEN CREDIT ACCOUNT

P.O. Box 3231
Spokane, WA 99220
(509) 483-0689
(509) 489-4783 Fax
books@tramsupport.com

Customer Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Business: _____ Fed. ID No: _____ Years in Business: _____

Partnership: Proprietorship: Corporation: LLC: Incorporated in: _____

Bank: _____ Acc't. No.: _____ City: _____ State: _____

Customer Owns Real Property: Yes: No: Address: _____

TRADE REFERENCES

Name: _____

City, State: _____

Contact: _____

Phone: _____

Fax: _____

COMPANY PRINCIPALS

Name: _____

Title: _____

Home Addr: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Accounts Payable Person: _____ Phone: _____ Fax: _____

Persons Authorized to Purchase: _____

Purchase Orders Required? Yes: No: Credit Limit Sought: \$ _____

Signed By: _____ Title: _____

Print Name: _____ Date: _____

For TSI Use:

Approved for Credit Limit: \$ _____ By: _____ Date: _____

Notes: _____