CREDIT APPLICATION

CONTACT INFORMATION			
Company name:			
Contact name:		Title:	
Phone:		E-mail:	
Company address:			
City:	State:		ZIP Code:
A/P contact:	Phone:	E-mail to send Invoices:	
Date business commenced:		Tax ID #:	
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	ZIP Code:
Telephone:	Fax:	E-mail:	
D&B #:	Credit line requested (estimated monthly purchases):		
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account:	Account number:		
Savings:			
Checking:			
Other:			

TRADE REFERENCES (Minimum of 3 required)			
Company name:		Contact:	Acct #:
Address:			
City:		State:	ZIP Code:
Phone:	Email Address REQUIRED:		
Company name:		Contact:	Acct #:
Address:			
City:		State:	ZIP Code:
Phone:	Email Address REQUIRED:		
Company name:		Contact:	Acct #:
Address:			
City:		State:	ZIP Code:
Phone:	Email Address REQUIRED:		

AGREEMENT

All invoices are to be paid 30 days from the date of the invoice.

By submitting this application, I authorize Transducers Direct, LLC to make inquiries into the banking and business/trade references that I have supplied. I certify that all information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I further acknowledge that credit privileges, if granted, may be withdrawn at any time.

SIGNATURES REQUIRED	
Title:	Title:
Date:	Date: