



1123 Fifth Street Modesto, CA 95351
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www.ten-four.com

APPLICATION FOR CREDIT

BILLING & BUSINESS INFORMATION

NAME _____ D/B/A _____

MAILING ADDRESS: _____

SHIPPING ADDRESS: _____

Street _____ City _____ State _____ Zip _____

Phone number(s) _____ Fax number _____

Email address _____

COMPANY PROFILE

Corporation _____ Partnership _____ Franchise _____

Date you started business or assumed control _____ Type of business _____

Tax ID _____ Re-sale Number _____

Officers or Principals:

Name: _____ Title _____

Name: _____ Title _____

Accounts Payable: _____ Phone: _____

Credit limit requested _____

Purchase order requirements _____ Signature requirements _____

Method of Ordering: mail ___ fax ___ email ___ phone ___

Persons authorized purchase _____

I certify that I am authorized by my employer to apply for open account terms and the information provided in the application is true and correct. I am agreeing to comply with all terms of open accounts as set forth by Ten-Four Communications who also reserves the right to change terms at any time, without notice. I understand that Ten-Four Communications reserves the right to begin charging 1.5% per month on all outstanding balances past due. I hereby authorize the release of credit information requested relevant to the above account for the attainment of a credit report from a credit reporting agency. I understand that application for terms in no way constitutes approval by Ten-Four Communications.

Signature _____ Title _____ Date _____