



3451 Jupiter Court,  
 Oxnard, CA 93030  
 1(800) 482-9367  
 (805) 981-7161 Fax

# CREDIT APPLICATION

\_\_\_\_\_

Please return the original of this form to :

Account # \_\_\_\_\_

**CREDIT MANAGER**

PLEASE PRINT OR TYPE ANSWERS TO THE QUESTIONS BELOW

## BILLING INFORMATION

Firm Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Zip: \_\_\_\_\_

Sales Tax Identification Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Website: \_\_\_\_\_

Other dealer information or Shipping instructions \_\_\_\_\_

## GENERAL INFORMATION

Month & Year Business Established \_\_\_\_\_

If this is a new firm, have principals had previous experience in form sales ? \_\_\_\_\_

With what firm ? \_\_\_\_\_

Where ? \_\_\_\_\_

### Principals Names & Titles

Proprietorship

Partnership

LLC

Corporation

State Of Incorporation : \_\_\_\_\_

Branch

Subsidiary of Another Company

Name of Parent or Home Office \_\_\_\_\_

Address of Parent or Home Office \_\_\_\_\_

(Please complete next page)

**REFERENCES** (Name, address and telephone number)

**BANK**  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

**BANK**  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

**SUPPLIER** \_\_\_\_\_ Acct # \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

**SUPPLIER** \_\_\_\_\_ Acct # \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

**SUPPLIER** \_\_\_\_\_ Acct # \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Please Provide Financial Statement**

*\*Please complete and sign\**

**CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION**

I hereby certify that the information in this credit application is correct. The information in this credit application is for the use of TFP Data Systems in determining the amount and conditions of credit to be extended. I understand that the company may also utilize other sources of credit information it considers reliable in making this determination. Further, I hereby authorize the bank and supplier references listed in the credit application to release the information necessary to assist the company in establishing a line of credit. A 1-1/2% per month finance charge on all past due accounts, and further agree to pay any reasonable court or attorney-cost involved in collection of this account. Buyer shall not change any of the terms and conditions contained in this credit application unless seller agrees in writing. Seller can end credit terms and switch to cash terms upon buyer default.

FIRM NAME

ADDRESS

CITY

STATE

ZIP

SIGNATURE

DATE

TITLE

Signed :

Print Name :

Title :

Date :

Number of outside sales People: \_\_\_\_\_

Total number of employees: \_\_\_\_\_

Listed with Dunn & Bradstreet ? \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

# UNIFORM SALES AND USE TAX CERTIFICATE MULTI-STATE

Issued to: (Seller)

TFP DATA SYSTEMS

Mailing Address: 3451 Jupiter Court

City: OXNARD

State CA

Zip: 93030

I certify that: Name of Purchaser

is engaged as a registered:

\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Wholesaler

Retailer

Manufacturer

Other (Specify)  
\_\_\_\_\_

And is registered with the below listed states within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale or components of a new product to be resold, leased or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing or leasing (renting) the following:

Description of Business: \_\_\_\_\_

State	State Registration Or ID Number	State	State Registration Or ID Number
_____	_____	_____	_____

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provides. This certificate shall be part of each, which we may hereafter give to you, unless otherwise specified, and shall be valid by us in writing or revoked by the state.

General description of products to be purchased from the Seller: \_\_\_\_\_

Under penalties of perjury, I swear or affirm that the information on this form is true & correct as to every material matter.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date