

TechnologyAtWork

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

IF ONLY INTERESTED IN OPENING A CC/ACH PAYMENT ACCOUNT, PLEASE COMPLETE THE YELLOW PORTIONS ALONG WITH THE CC OR ACH FORM YOU WOULD LIKE YOUR INVOICES TO CHARGED TO.

Company name:

Contact name:

Title:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

Federal ID #

DUNS #

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Billing Address (if different from above):

City:

State:

ZIP Code:

A/P Contact:

Title:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

Fax:

City:

State:

ZIP Code:

Contact:

Type of account

Account number:

/

Savings

Checking

Line of Credit

BUSINESS/TRADE REFERENCES

Company name:

Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

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PLEASE INDICATE THE CREDIT LIMIT BEING REQUESTED: \$ _____

AGREEMENT

BASE HOURLY RATE: \$150.00 (billed at 1/2hr increments)

1. All invoices are to be paid 30 days from the date of the invoice; Claims must be made within 7 working days.
2. By submitting this application, you authorize TECHNOLOGY AT WORK to make inquiries into the banking and business/trade references that you have supplied. **Rates subject to change**

AUTHORIZED SIGNATURES – MUST INCLUDE BANK SIGNATORY

Name: _____
Title: _____

Name: _____
Title: _____

Signature: _____

Signature: _____

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CREDIT CARD AUTHORIZATION

Company Name: _____

Billing Address: _____

Phone # _____

THIS CREDIT CARD AUTHORIZATION FOR OUTSTANDING INVOICES

BY SIGNING BELOW; I AUTHORIZE THECHNOLOGY AT WORK / TECHNOLOGY SALES TO CHARGE THE CREDIT CARD BELOW FOR ALL OUTSTANDING CHARGES.

Please return completed form with a copy of the front and back of the credit card.

Credit Card Type: _____

(Visa, Master Card, Amex. Discover Card)

Credit Card Number: _____

CVV# _____ (Security code located on the back of your card – the last three digits)

Expiration: _____/_____

Amount \$ _____

Name on the Card: _____

Authorized Signature: _____

Date: _____/_____/_____

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ACH Payments

Company Name: _____

Billing Address: _____

Phone # _____

BY SIGNING BELOW; I AUTHORIZE THECHNOLOGY AT WORK / TECHNOLOGY SALES TO ISSUE A CHECK ON MY BEHALF FOR OUTSTANDING INVOICES. **Please return this completed form with a copy of a voided check.**

BANK INFO:

**(As it appears on
Your check)**

Bank Name: _____

Address: _____

Routing # _____

Account # _____

Check # _____ Amount \$ _____

PERSONAL INFO:

**(As it appears on
Your check)**

Name: _____

Address: _____

Phone# _____

Authorized Bank Signature: _____

Date: ____/____/____