



CREDIT APPLICATION & CREDIT CARD PURCHASE FORMS

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize MyTED Inc., to make inquiries into business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
-----------------	-----------------

Credit Card Payment Form

Phone (864) 205-8469 or (864) 878-5191

Fax (864) 439-8961

Attn: Sales Department

For payment for MyTED Order/Quote # _____

Date: _____

Cardholders Name: _____

Cardholders Billing Address:

Shipping Address:

Phone Number: _____

Fax Number: _____

Email address: _____

Card type _____

Card # _____

For security Please call with the Card Verification # _____

Shipping Preference: _____

Please charge to my carrier account # _____

Approval # _____

Date Equipment needed by: _____