



Credit Application

Please complete this form, including your tax exemption certificate (if applicable) and send to **dpovolo@telsmith.com**, OR fax a signed copy to: TelSmith, Inc., Accounts Receivable, Attn: Denise Povolo, **Fax No: (262) 518-1100**. The information provided below will be kept confidential by TelSmith, Inc.

T	Name	TelSmith, Inc.	F	Firm Name	
O	Address	PO Box 539	R	Address	
	City/State/Zip	Mequon, WI 53092	O	City/State/Zip	
	Credit Mgr.	Denise Povolo	M	E-Mail	
	Phone	262-242-6600		Phone	

Additional information required for conditional sales contracts under the Uniform Commercial Code:

Debtor (Individual signing contract): _____ Title: _____
Debtor's Social Security No. (For Partnership or Individual): _____ D&B No.: _____

Type of Business: _____
Date Established: _____
Estimated Annual Sales: _____

Bank Name: _____ Account #: _____
Phone #: _____ Street Address: _____
Fax #: _____ City, State, Zip: _____

TRADE REFERENCES (3 Minimum): Company Name, Address, Contact, Fax # and Phone #

The above information is for the purpose of obtaining credit and is warranted to be true. SIGNED _____
I/We hereby authorize the firm to whom this application is made to investigate the reference TITLE _____
listed pertaining to my/our credit and financial responsibility. DATE _____
(Signature is required whether application is submitted electronically or by fax)

Submitting this document as an electronic application constitutes your electronic signature. Any record containing an electronic signature shall be deemed for all purposes to have been "signed" and will constitute an "original" when printed from electronic records established and maintained by TelSmith, Inc. or its agents in the normal course of business.

Signature attests financial responsibility, ability, and willingness to pay TelSmith, Inc. invoices in accordance with the following terms: **NET 30 DAYS**.

If this account is placed with a third party for collections the purchaser agrees to pay reasonable collection fees. TelSmith is authorized to contact any references or banks listed above. It is understood that any information obtained will be used solely for the basis of gaining credit.

***Please include a copy of your tax exemption certificate.**



RE: Request for sales tax exemption or resale certificate

Attn: Accounts Payable Manager

Dear Customer,

As you know, one of the costs of doing business is complying with state sales and use tax requirements.

Please forward a copy of your sales tax exemption certificate or resale certificate for our records as required by your state's Department of Revenue.

If you are not exempt from tax, please indicate that in your reply along with the sales tax rates that do apply. You may write directly on this letter and simply fax it back to me, or you may e-mail your response to ryoeckel@Telsmith.com.

Taxable
_____ Sales tax rate

Exempt

Fax #: 262-518-1100

Attn: Ryan Yoeckel

Thank you for doing business with Telsmith. We remain with best regards,

Sincerely,

Ryan D. Yoeckel
Cost Accountant