



CREDIT APPLICATION

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

T O	Name:	TelSmith, Inc.	F R O M	Firm Name:	_____
	Address:	10910 N. Industrial Drive		Address:	_____
	City, State, Zip:	Mequon, WI 53092		City, State, Zip:	_____
	Credit Manager:	Accounts Receivable		E-Mail:	_____
	Phone:	262-242-6600		Phone:	_____
			Date:	_____	

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

Debtor (Individual signing contract): _____

Debtor Title: _____

Debtor's Social Security No.: _____
(For Partnership or Individual)

D&B Number: _____

Type of Business: _____

Date Established: _____

Estimated Annual Sales: _____

Accounting Contact: _____

Email Address: _____

Phone #: _____

How would you like to receive Invoices?

Email

Mail

Email address to send invoices to: _____

Bank Name: _____

Account #: _____

Phone #: _____

Street Address: _____

City, State, Zip: _____

Fax #: _____

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. I/We hereby authorize the firm to whom this application is made to investigate the reference listed pertaining to my/our credit and financial responsibility.

SIGNED _____

TITLE _____

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



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 AR@telsmith.com.

Taxable

_____ Sales tax rate	_____ Location #1
_____ Sales tax rate	_____ Location #2
_____ Sales tax rate	_____ Location #3

Exempt

_____ Sales tax rate	_____ Location #1
_____ Sales tax rate	_____ Location #2
_____ Sales tax rate	_____ Location #3

Fax #: 262-518-1100
Attn: Accounts Receivable

Thank you for doing business with TelSmith. We remain with best regards.