



# TRI TOWER TELECOM CORPORATION

## CUSTOMER CREDIT APPLICATION

### Company Information:

Legal Name:

EIN:

Billing Address:

D.U.N.S #:

Telephone:

Fax Num.:

Business Entity:

Terms:

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### Finance Information:

Acct. Contact:

Title:

E-mail:

Direct Dial:

Invoicing E-mail:

Banking Institution:

Account #:

Bank Address:

Telephone :

Fax Num.:

Bank Contact:

E-mail:

Attachments:      W-9

Exempted Certificate(s)

Direct Pay Permit(s)

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### Trade References:

Company #1:

Telephone:

Address:

Fax Num.:

Point of Contact:

Title:

E-mail:

**Trade Reference Continued:**

**Company #2:**

**Telephone:**

**Address:**

**Fax Num.:**

**Point of Contact:**

**Title:**

**E-mail:**

**Company #3:**

**Telephone**

**Address:**

**Fax Num.:**

**Point of Contact:**

**Title:**

**E-mail:**

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**By submitting this application, you authorize Tri Tower Telecom Corporation to make inquires into your trade and bank references provided above. If terms are approved, all invoices are to be paid within terms accepted of the invoice date. Invoices may be subject to a late fee and a restocking fee.**

**Officers Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Thank you for choosing Tri Tower Telecom. You may be confident that the information provided will be held in the strictest of confidence.**