



27417 Hanna Road, Conroe, TX 77385 |  
Office (281) 364-3710  
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## CREDIT APPLICATION

Thank you for choosing Action Communication Technology, Inc. for your telecommunications needs. To set up an account with ACT, a credit application form has been included for all future requests for products and services. Until your account is reviewed and approved, full payment is due prior to services being rendered. We accept Master Card and Visa. We appreciate your business and thank you in advance for your cooperation.

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of Business: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Form of Business:  Corporation  LLC  Partnership  Sole Proprietor

Is your company tax exempt or do you have a resale certificate? Yes \_\_\_\_ No \_\_\_\_

If yes, please attach signed certificate and list your tax exempt or resellers number:

\_\_\_\_\_

Federal ID# or Social Security #: \_\_\_\_\_

Owner/President: \_\_\_\_\_

Address: \_\_\_\_\_

Is a Purchase Order required? \_\_\_\_\_

Name of individual with authorization: \_\_\_\_\_

If it is to be a blanket PO, please list the number and expiration date.

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

To whose attention should invoices be sent? \_\_\_\_\_

Is your work taxable? \_\_\_\_ If not, please attach signed certificate and list your tax exempt or resellers number: \_\_\_\_\_

Are you currently a defendant in a lawsuit?

Yes \_\_\_\_ No \_\_\_\_

If yes, describe the lawsuit: \_\_\_\_\_

If you wish to pay by credit card, please provide information below:

VISA Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

MasterCard Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Bank References (please list name and address of local banks):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trade References (Please list name, address, phone number, and account number of three references. Do not list credit cards.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our terms are DUE UPON RECEIPT. Accounts not paid in a timely manner will be charged 1.5% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, fees for such action will be added to your account.

The undersigned consents to the release of credit history. If credit is extended, it may be canceled without notice.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX BACK TO 281-364-3717**