



New Customer Information Credit Application Form

SECTION 1

GENERAL BUSINESS INFORMATION

Business Legal Name: \_\_\_\_\_ Date Business Opened: \_\_\_\_\_
Individual/Sole Proprietor Corporation LLC Partnership
Company is Reseller End User
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Do you wish to apply for a credit account? YES (complete section 2 and 4) NO
\*If you wish to place a credit card on file see section 3.

SECTION 2

CONTACT INFORMATION

President/GM \_\_\_\_\_ Email \_\_\_\_\_
Service Manager \_\_\_\_\_ Email \_\_\_\_\_
Parts Manager \_\_\_\_\_ Email \_\_\_\_\_
Sales Manager \_\_\_\_\_ Email \_\_\_\_\_
Accounts Payable \_\_\_\_\_ Email \_\_\_\_\_
Preferred Method of Contact:
Marketing: Fax Number \_\_\_\_\_ Email \_\_\_\_\_ Mail
Billing: Fax Number \_\_\_\_\_ Email \_\_\_\_\_ Mail

\*\*\*COMPLETE EITHER SECTION 3 OR SECTION 4\*\*\*

SECTION 3

CREDIT CARD INFORMATION (to be kept on secure file)

Name on Card \_\_\_\_\_
Card Type: Visa Mastercard American Express Other \_\_\_\_\_ Expiration \_\_\_\_\_ 3 or 4 Digit Code \_\_\_\_\_
Billing Address on Card \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SECTION 4

CREDIT ACCOUNT APPLICATION (must include signature)

Amount of Credit Requested \$ \_\_\_\_\_ Annual Sales \_\_\_\_\_
Credit References (ALL ARE REQUIRED FIELDS)
Company \_\_\_\_\_ Contact \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_
Company \_\_\_\_\_ Contact \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_
Company \_\_\_\_\_ Contact \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_
Bank Name \_\_\_\_\_ Contact \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_
Account Number \_\_\_\_\_ Address \_\_\_\_\_

CREDIT INFORMATION AUTHORIZATION (must be signed to obtain credit)

The undersigned hereby authorizes any bank, or other lender or granter of credit, to provide Total Service Solutions and/or its subsidiaries his/her financial statement and information regarding the character, reputation, financial responsibility, and indebtedness of the undersigned as requested by Total Service Solutions for the purpose of evaluating the commercial credit request of the undersigned, and hereby releases Total Service Solutions, and any lender or granter of credit furnishing such information from any and all claims or causes of action that may arise or which he/she might have any reason of information furnished Total Service Solutions by said bank or other lender or granter of credit.

X \_\_\_\_\_ Company Name \_\_\_\_\_ Date \_\_\_\_\_

Please email application to: accounting@servsolutions.net or fax to 856-831-7705

ADMINISTRATIVE SECTION:

Veritiv® Representative Name \_\_\_\_\_ Email \_\_\_\_\_