



CUSTOMER PROFILE

800 Airport Road
Annville, PA 17003
Phone: 717-838-3306
Fax: 717-838-2184

Company Name: _____

Credit Limit Requested \$ _____

Billing Address _____

Shipping Address (if different): _____

Phone Number () _____

Type of Business: _____

Fax Number () _____

Date Established: _____

**Please list any special billing requirements (i.e., mail invoice to the attention of:, etc.):

Corporation Partnership Proprietorship SS/EIN# : _____

Dun & Bradstreet # _____ D&B Rating _____ Web Address _____

Officers: President _____ Vice President _____

Tax Exempt (Please Check) YES NO (If yes, please send copy of exemption certificate)

Subsidiary? YES NO (If yes, name of Parent Co. & Address) _____

CONTACT INFORMATION:

Accounts Payable Associate: _____ Phone #: _____ Fax # _____

Accounts Payable E-Mail Address: _____

Purchasing Associate: _____ Phone #: _____ Fax # _____

Receiving Associate: _____ Phone #: _____ Fax # _____

CREDIT REFERENCES - PLEASE ALSO INCLUDE A COPY OF YOUR MOST RECENT FINANCIAL STATEMENTS

Company Name _____ Acct No. _____

Address _____ City _____ State _____ Zip _____

Phone Number () _____ Fax Number () _____

Company Name _____ Acct No. _____

Address _____ City _____ State _____ Zip _____

Phone Number () _____ Fax Number () _____

Company Name _____ Acct No. _____

Address _____ City _____ State _____ Zip _____

Phone Number () _____ Fax Number () _____

Bank Reference _____ Acct No. _____

Phone No. () _____ Fax No. () _____

Do you issue Purchase Orders? YES NO.

If YES, please send a copy of the Purchase Order to the appropriate TVC sales office for each purchase.

OUR STANDARD PAYMENT TERMS ARE NET 30 DAYS

I authorize the release of credit information to TVC Communications.

Signature _____ Title _____ Date _____

COMPANY USE ONLY

Credit Limit _____ Terms _____ Approved _____ Date _____

Sales Group _____ Dimension _____ Customer Group _____ Sales Order Pool _____

Delivery Terms _____ Mode of Delivery _____ FOB Terms _____ Statistics Group _____