

TECHGEAR-5.7

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CREDIT APPLICATION FOR PREPAY (CREDIT CARD) TERMS

Please fully complete all sections of this application to insure prompt processing

Name/Address

Name of Business:	Tax I.D. Number	
DBA:	Resale Certificate No.	
Address:		
City:	State:	Zip:
Phone:	Fax:	

Company Information

Type of Business:	In Business Since:	
Legal Form Under Which Business Operates:		
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:		In Business Since:
Name of Company Principal(s):		Title:
Accounts Payable Contact:	Email	Phone/Ext:
Purchasing Contact:	Email:	Phone/Ext:
Sales Contact:	Email:	Phone/Ext:

Credit Card Information

Type of Card:	Visa: <input type="checkbox"/>	MC: <input type="checkbox"/>	AMEX: <input type="checkbox"/>	Discover: <input type="checkbox"/>
Name as it Appears on the Card:				
Billing Address:				
Card Number:				
Expiration Date:		Security Code:		

By signing this form, you authorize Tech Gear 5.7 to charge your card for the amounts due.

Signed: _____ Date: _____