



2178 Dividend Drive, Columbus, OH 43228
(877) 848-6824 • (614) 276-7615 Fax
scriptel.com • sales@scriptel.com

Credit Application

Name/ Address

Last:	First:	Date:	Title:
Name of Business:			Tax I.D. Number:
Address:			
City:	State:	ZIP:	
Phone:			Fax:

Company Information

Type of Business:	In Business Since:		
Legal Form Under Which Business Operates:	Corporation:	Partnership:	Proprietorship:
Requested Credit Line: \$	DUNS #:		
Are Purchases Tax Exempt? (valid tax exemption certificate required)			

A/P Contact

Person our credit department should contact concerning payment questions:		
A/P Email:	Phone:	Fax:

Purchasing Contact

Person to contact for purchasing questions:		
Email:	Phone:	Fax:

Bank References

Institution Name:
Contact Name & Title:
Address:
Account Number:
Email:
Phone:
Fax:

PLEASE SIGN THE NEXT PAGE OF THIS DOCUMENT



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Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Email:	Email:	Email:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, the undersigned hereby authorizes the release to Scriptel Corporation of any and all financial information deemed necessary by Scriptel Corporation to formulate its credit decision, by any financial institution or creditor having such information, upon presentation or photocopy of this authorization.

Application is to be signed by an authorized representative of this company.

Print Name

Title

Signature

Date