



# TSI INCORPORATED

Financial Services  
500 Cardigan Road, Shoreview, MN 55126 USA  
tel 651 490 2811 + toll free 800 874 2811 + fax 651 481 1220 + web www.tsi.com + email accounting@tsi.com

Purchaser requests that TSI Incorporated ("TSI") extend credit to Purchaser to buy products and/or services. Purchaser verifies that the following information is true and accurate, and Purchaser knows that TSI will rely on the information provided in its determination of whether credit should be extended. Purchaser agrees to pay for all credit purchases according to the terms stated on the invoice.

Business Name			
Business Address			
Division of			
Date Business Started		Number of Employees:	

<b>Business Structure</b>					
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Government	<input type="checkbox"/> Other
Social Security Number		Federal Tax ID #			
International Tax Code		VAT Tax			

**Please include a copy of your company's IRS Form W-9**

Are your purchases exempt from sales tax?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If YES, please include a copy of your tax exempt certificate, otherwise, taxes will be charged.</b>		

### Company Contact Information

#### Purchasing

Name	Phone	Fax	Email Address

#### Accounts Payable

Name	Phone	Fax	Email Address

#### Invoicing Bill to address (if different than business address);

Email Address to send invoices (TSI can email invoices as they are generated )	
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### Bank/Other Lending Institution

Bank Name		Phone	
Bank Address		Fax	
Type of Account(s)		Account #	

### Trade References

Company Name		Phone	
Company Address		Fax	
		Account #	

Company Name		Phone	
Company Address		Fax	
		Account #	

Company Name		Phone	
Company Address		Fax	
		Account#	

Purchaser hereby authorizes the bank(s) and/or supplier(s) named on this application to release any and all information to TSI with regard to financial condition, credit history and account balances. A copy of this authorization shall be valid as the original.

By		Date	
Signature		Title	