T.S DESIGNS, INC.
2053 WILLOW SPRINGS LANE
BURLINGTON, NC 27215
336-229-6426 FAX 336-226-4418

CREDIT APPLICATION

FOR OFFICE USE ONLY

CREDIT IS ( ) APPROVED
( ) DENIED
DATE_____BY_____
CREDIT LIMITS $_____
DUE NET_____

NOTE: Attach a copy of your State Approved Sales Tax Exemption Certificate. Otherwise, sales tax will be charged to your account.

(Please Print or Type)

Company or Corporate Name	Trade Name		
Mailing Address/Street	City	State	Zip Code
Shipping Address/Street	City	State	Zip Code
Office Phone Number	Office Fax Number		

Type of Organization: Sole Proprietor_____ Partnership_____ Corporation_____ Limited Liability Company_____
Year Started _____ State of incorporation (for corporations)_____

Sole Proprietor	If Partnership	If Corporation
Name/ Social Security No.	Name of Partners/Social Sec. No.	Name/Title Authorized Officers
Accounts Payable Contact	Accounts Payable Phone, Fax and Email	

Are you a subsidiary?_____or Division?_____
Current Company Name: _____
Address:_____
City:_____State :_____ Zip:_____
Requested credit limit $_____
Rated with Dun &Bradstreet: Yes ( ) No ( ) Rating_____
Have you ever filed bankruptcy or similar debt relief?_____

BANK REFERENCES
Name:_____ Contact Person_____
Street Address:_____Phone Number:_____
City, State, and ZIP Code:_____
Account ( )Checking No._____ ( ) Savings No._____
( )Loan No._____( ) Other No._____

CREDIT REFERENCES (Major Suppliers)

Name_____ Tel. #_____ Fax #_____
Address_____ City_____ State_____Zip_____
Contact Person:_____

Name_____ Tel. #_____ Fax #_____
Address_____ City_____ State_____Zip_____
Contact Person:_____

Name_____ Tel. #_____ Fax #_____
Address_____ City_____ State_____Zip_____
Contact Person:_____

PLEASE READ AND COMPLETE ALL PAGES