FIRETAP™ COMMUNICATIONS
CREDIT APPLICATION

Date: _____

( ) Corporation---Federal Tax ID# _____

( ) Partnership---Federal Tax ID# _____

( ) Individual---Social Security #_____

Company Name: _____

Street Address: _____ PO Box_____

City: _____ State: _____ Zip: _____ Phone Number: _____

Fax Number: _____

Name the person in charge of paying accounts: _____

Officers (if incorporated) **or** Partner (if partnership) Name	Title	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Bank Reference

Bank_____ Branch_____

Address_____ Phone No._____

Bankers Name_____ Account No._____

Billing Instructions

Are purchase order numbers required? Yes ( ) No ( )

If credit is granted I agree to pay the charges incurred by the due date indicated on the billing statement. I agree to pay the service charge of 1.5% per month (18% per annum) on any unpaid balances. If legal action is necessary for collections or other collection action is necessary, I (we) agree to pay all collection costs, including attorney fees. I, the undersigned, hereby state that I have the authority to enter into this agreement.

_____ **X**_____ _____

Printed Name Signature (required) Title

Fax completed application to: 480-556-4319