



*Application
for Credit*

QTS USE ONLY

Date of Application: _____

Sales Person: _____

Account Code: _____

Company Information

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Primary Contact: _____ E-mail: _____

Name of Parent Company: _____ City/State: _____

Web Address: _____

Type of Business: Corporation Partnership Proprietorship Non-Profit

Federal Tax I.D. #: _____ Date Established: _____

Name & Title of Principal Owners or Officers:

1. _____ 3. _____

2. _____ 4. _____

Dun & Bradstreet Number: _____

Billing Information

Send all invoices to:

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ E-Mail: _____

Does your company require written Purchased Orders? Yes No

Company Tax Status: Standard Exempt (attach exempt certificate)

Accounting Contact Name: _____

Acctg Phone: _____ Acctg Fax: _____

Acctg E-Mail: _____

Credit References:

Company Name: _____ Account Number: _____

Address/City/State/ZIP: _____

Contact Person: _____ Phone: _____

Company Name: _____ Account Number: _____

Address/City/State/ZIP: _____

Contact Person: _____ Phone: _____

Company Name: _____ Account Number: _____

Address/City/State/ZIP: _____

Contact Person: _____ Phone: _____

Bank Reference

Name: _____ Account Number(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Bank Officer: _____

I authorize my financial institution to release information on the accounts listed above to Quality Technology Solutions, Inc. and/or its external financing companies for the purpose of extending credit. I understand that all information will be held in strict confidence.

Authorized Account Signature: _____

Print Name & Title: _____

For QTS Use Only:					
Date	D&B	Bank	Ref	Stat	CL