

Print form, fill out ALL sections, sign and fax to Synergy Telecom, Inc. Authorized signature required.



4536 Thousand Oaks, #104  
San Antonio, TX 78233

## Credit Application

Ph. 800-458-1336 Fax. 210-656-3812

[www.synergytele.com](http://www.synergytele.com)

### Company Information

|                         |            |  |          |
|-------------------------|------------|--|----------|
| Company Name:           |            | Date:  |          |
| Billing Address:        |            |  |          |
| City/State/Zip:         |            |  |          |
| Contact:                | Phone No.: | Ext.:  | Fax No.: |
| Email Address:          |            | Website:   |          |
| Shipping Address:       |            |  |          |
| Federal ID #:           |            | President:   |          |
| Duns ID #:              |            | Parent Duns #:   |          |
| Subsidiary or Division: |            | <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other |          |
| No. of Employees:       |            | Business Type:   |          |
| Year Established:       |            | SIC Code: (1) (2)  |          |

### Bank Reference

Please provide full name, address and phone number on all references.

|   |  |                 |  |
|---|--|-----------------|--|
| Bank Name:  |  | Date:           |  |
| Address:  |  |                 |  |
| City/State/Zip:   |  |                 |  |
| Phone No.:  |  | Fax No.:        |  |
| Contact:  |  | Email:          |  |
| Type of Account:  |  | Account Number: |  |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other |  |                 |  |

### Trade References

Please provide full name, address and phone number on all references.

|                      |  |          |  |
|----------------------|--|----------|--|
| <b>Company Name:</b> |  | Contact: |  |
| Address:             |  |          |  |
| City/State/Zip:      |  |          |  |
| Phone No.:           |  | Fax No.: |  |
| <b>Company Name:</b> |  | Contact: |  |
| Address:             |  |          |  |
| City/State/Zip:      |  |          |  |
| Phone No.:           |  | Fax No.: |  |
| <b>Company Name:</b> |  | Contact: |  |
| Address:             |  |          |  |
| City/State/Zip:      |  |          |  |
| Phone No.:           |  | Fax No.: |  |

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE