

## BUSINESS CREDIT APPLICATION

**IT-SENTRY, Inc.**  
 105 Manning Way  
 Durham, NC 27703  
 (919) 848-0668

**For faster credit approval  
 Scan this form and send it  
 via email to:  
 Accounting@it-sentry.com**

**This credit line application will be considered providing the information below is fully completed.**  
 IT-Sentry, Inc. has 30 days net terms for approved credit lines up to \$15,000 for the first three months and is expandable.  
 Bank Reference: Provide those accounts on which checks to IT-Sentry will be drawn.  
 Open Account References: Provide product supplier information with whom your company has an established line of credit.  
 Please list IT sector companies only AND include amount of Credit Line.

Company Name	Type of Business	Phone Number	Fax Number
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Billing Address	Shipping Address
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City	State	Zip	City	State	Zip
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Type of Ownership:     Corporation     Partnership     Sole Proprietor    Years in business: \_\_\_\_\_  
     Government     Non Profit

Tax Exempt? Yes  No  (If yes, include copy of your resale certificate )

Parent company names (if different from above): \_\_\_\_\_

Address	Tel Number	Fax Number
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City	State	Zip
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### Bank Reference

Name of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

### Open Accounts References

1. \_\_\_\_\_  

Name of Company	Phone Number	Contact name	Amt Credit Line
Address	City	State	Zip
  
2. \_\_\_\_\_  

Name of Company	Phone Number	Contact name	Amt Credit Line
Address	City	State	Zip
  
3. \_\_\_\_\_  

Name of Company	Phone Number	Contact Name	Amt Credit Line
Address	City	State	Zip

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

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

Office Use Only	DATE: ___/___/___
CREDIT LIMIT: \$ _____	APPROVED BY: _____