



Television Education, Inc.

P. O. Box 929
Davis, California 95617-0929
530/756-4991 FAX 758-3744

CREDIT APPLICATION

Please complete and return this form by fax or mail.

Company: _____

DBA: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: () _____ FAX: () _____ Cel: () _____

Mailing Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Line of Business: _____ Resale Number: _____

Type of Business: Corporation Partnership Proprietorship Other _____

Federal ID No.: _____ or Social Security No.: _____

Person to contact regarding payment: _____

Owners and/or Officers: _____

Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Account No: _____ Contact: _____

Television Education, Inc is hereby authorized to contact the following bank and trade references for the purpose of obtaining credit information.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Please attach your resume to this completed form and fax it to 530-758-3744