# TEXAS CHRISTIAN UNIVERSITY
# REQUEST FOR CREDIT APPLICATION

After receiving all applicable departmental/school/college approvals, please email completed form and related credit application to Financial Services at tcurequestforcredit@tcu.edu. Financial Services will email the completed credit application to the vendor and you will receive a confirmation email that it was sent. Please allow 5 business days to turn around.

***Department Information***

Requesting Dept. _____ Date _____

Contact Person _____

Street Address _____

Physical Bldg & Room # _____ TCU Box # _____

Phone Extension _____ Email _____

Fax # _____

☐ Does Vendor have a contract? If yes, please supply the contract id: _____

***Vendor Information***

Name _____

Vendor Street Address _____

City _____ State _____ Zip _____

Vendor email _____

***Description of items/services to be purchased:***

Estimated Financial Obligation _____

For Hotel Reservations, include the date(s) of the stay/event _____

I certify that I have read and understand all terms and conditions of the credit application included with this form and am not aware of any problems associated with complying with those terms.

Budget Manager Name _____

Budget Manager Signature _____ Date _____