

CREDIT APPLICATION

Bill to:

Ship to: (if same, leave blank)

Business Name

Business Name

Number & Street or P.O. Box

Number & Street

City, State, Zip

City, State, Zip

Accounts Payable Telephone Number

AP Fax Number

Ship to Telephone Number

Ship to Fax Number

Accounts Payable E-Mail Address (required)

Shipping location E-mail Address

Business Entity: ___ Corporation ___ Sole Proprietor ___ Partnership ___ LLC Other: _____

Corporation State: _____ Year Business Established: _____

Names of Corporate Officers, Directors, Partners, or Owner(s):

Name and Title

Name and Title

Name and Title

Name and Title

Has the corporation or any of its principals ever filed bankruptcy as a corporation or an individual? _____

File Date: _____ Date Discharged: _____ Type of Chapter: _____

Trade References: (Please provide complete information for 3 major suppliers)

1. _____
Name Telephone Number Fax Number
2. _____
Name Telephone Number Fax Number
3. _____
Name Telephone Number Fax Number

Bank Reference: Name of Bank: _____ Fax Number _____

Bank Officer to Contact: _____ Telephone Number: _____

Type of Account: _____ Commercial _____ Savings _____ Loan Other (specify) _____

Account Number(s): _____

Tax Status: ___ Taxable ___ Tax Exempt Resale No. _____ D&B# _____

Attach Exemption Certificate

The undersigned authorizes the release of information to TCI, LLC for the purpose of supporting the Credit Application and establishing open credit. All information will be held in the strictest confidence.

Terms of Sale: Net 30 Days – Applicant's signature attests to the financial responsibility and that the information and statements made herein for the purpose of obtaining credit from TCI are known to me to be accurate and true. A faxed copy of this application will be considered the original. Applicant understands and agrees to meet TCI's Terms of Sale, and to pay reasonable attorney fees in the event of default.

Company Name: _____ Date: _____

Signed By: _____ Title: _____

(Must be Owner or Officer)

