



CREDIT APPLICATION

Company Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Type of Ownership: _____ Corp. _____ Partnership _____ Individual

If incorporated, give date of incorporation _____ D & B No. _____

Length of time in business: _____ Sales Tax Exempt No. _____

Phone No. _____ Fax No. _____

E-mail Address: _____

A/P Contact: _____ A/P Phone No. _____

Publicly traded: _____ Yes _____ No Credit limit requested: \$ _____

Name of Principal Officers/Owners: _____ Title: _____

Bank Reference:

Name: _____ Bank Officer: _____

Account Number: _____

Address: _____ Phone No: _____



Business Reference: Fax numbers Required

Company Name: _____

Primary Contac: : _____

Phone No: _____ Fax No: _____

Address: _____

Amount of Credit: _____

Company Name: _____

Primary Contac: : _____

Phone No: _____ Fax No: _____

Address: _____

Amount of Credit: _____

Company Name: _____

Primary Contac: : _____

Phone No: _____ Fax No: _____

Address: _____

Amount of Credit: _____

I/We certify that the above information is true and correct. I/We agree to pay this account in accordance with credit terms. I/We authorize TUSCO to verify this information by securing data from credit reporting agencies and provided references. I/We understand that all past due balances will be subject to a 2.5% per month service charge. I/We further agree to pay a 25% collection charge in the event of default if the account is place with an attorney or bond collection agency. Signatures submitted electronically will be considered original. Applicant agrees to pay all collection expenses including attorney fees if the need should arise.

Signature of Company Officer: _____

Title: _____ Date: _____

