



TERMINAL SUPPLY COMPANY CREDIT AGREEMENT

Tel: (800) 989-9632 Fax: (800) 989-0824

Account#: _____

Legal Entity Name Subsidiary or Division Of

Billing Address City State Zip Code

Shipping Address City State Zip Code

Phone Number Fax Number Purchasing Email Address

Years operating: ___ Corp./LLC Partnership Sole Prop.

If individual or proprietorship, Social Security #: _____

State of Incorporation: _____ FEIN: _____

Are purchases tax exempt? Yes No (Taxes will be charged unless TSC is in receipt of valid tax exemption certificate)

Requested Credit Limit (USD): _____ P. O. Required? Yes No

Email Address(es) for Invoices: _____

Special Instructions for Invoices: _____

**REMIT PAYMENT TO
Terminal Supply Co.
P. O. Box 1253
Troy, MI 48099**

Principals of Company and Accounts Payable Contacts:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

The undersigned agrees on behalf of the applicant customer: (i) all sales are subject exclusively to Terminal Supply Co. terms and conditions then in effect, without reservation or substitution; (ii) the customer shall pay 1.5% interest per month on all past due balances, and (iii) in the event that the customer's account is referred for collections, it shall pay all costs of collection, including court costs and reasonable attorney fees.

Application is to be signed by an Officer or Authorized Representative of the company.

Printed Name Signature Title Date

TSC USE ONLY			
Company: _____	Date: _____		
Approved Amount: _____	SG _____	Web _____	
By: _____	Date: _____	400 _____	Entity _____
		CAL _____	Notify _____