



TERMINAL SUPPLY COMPANY CREDIT AGREEMENT

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

TSC USE ONLY	
Company:	_____
Account#:	_____
Approved Amount:	_____
By:	_____ Date: _____

Legal Entity Name Subsidiary or Division Of

Billing Address City State Zip Code

Shipping Address City State Zip Code

Phone Number Fax Number 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

Send Invoices Via (check one):

Email If yes, recipient address: _____ Mail to Billing Address

Fax If yes, fax number: _____

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

Printed Name Signature Title Date