

Credit Application

Name of Company: _____

Phone: _____ Fax: _____

Mailing Address: _____
Street City State Zip

Shipping Address: _____
Street City State Zip

Business Type: Corporation _____ Partnership _____ Proprietorship _____

Tax ID# or SS#: _____ State Tax Exemption #: _____

Owner, President: _____ Years in Operation: _____

Bank: _____
Name Address City State Zip Phone

Bank Officer: _____ Bank Acct. #: _____

D&B#: _____ Credit Limit Requested (Optional): \$ _____

Trade References:

Name Address City State Zip Phone Contact

Name Address City State Zip Phone Contact

Name Address City State Zip Phone Contact

By my signature below, I certify the above information is true and correct. The undersigned purchaser authorizes his bank to release any information necessary to establish credit with TBS Enterprises, LLC. The undersigned purchaser agrees to pay; in the event his/her account becomes delinquent and is turned over for collection, reasonable collection or attorney's fees plus all court and attendant collection costs.

Print Name & Title Signature Date

PLEASE COMPLETE AND FAX TO 713-699-2955