Credit Application

TCI SUPPLY

Business Name: _____

Billing Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Type of Business: [   ] Corporation   [   ] Partnership   [   ] Proprietorship

Years in Business: _____ EIN#: _____

Contact in Accounts Payable: _____

A/P E-mail Address: _____

Bank: _____ Account Number: _____

Address: _____

Telephone: _____ Fax: _____

Credit References – Name, Address, Telephone Number, Contact Name and E-mail

1. _____

2. _____

3. _____

Anticipated Monthly Purchases: _____

THANK YOU FOR YOUR BUSINESS!