

Application for Credit

Company Name: _____

Phone: _____

Billing Address: _____

Fax: _____

City: _____ State: _____

Zip: _____

Shipping Address: _____

City: _____ State: _____

Zip: _____

Company Internet Address: _____

Name of Purchasing Contact: _____

Tel: _____ Ext: _____

Fax: _____

Email: _____

Accounts Payable Contact: _____

Tel: _____ Ext: _____
Fax: _____ Ext: _____

Does your company accept faxed invoices? _____

Full Name of Owner or Officer

State Resale Number _____

Federal Tax ID Number _____

DUNS No: _____

Trade References

1. Company Name _____

Contact Name _____

Phone _____

Fax _____

Mailing Address _____

City _____

State _____

Zip _____

2. Company Name_____

Contact Name:_____

Phone_____

Fax_____

Mailing Address_____

City_____

State_____

Zip_____

3. Company Name_____

Contact Name:_____

Phone_____

Fax_____

Mailing Address_____

City_____

State_____

Zip_____

Bank References

1. Bank Name _____

Contact Name _____

Acct.# _____

Phone _____

Fax _____

Mailing Address _____

City _____

State _____

Zip _____

2. Bank Name _____

Contact Name _____

Acct.# _____

Phone _____

Fax _____

Mailing Address _____

City _____

State _____

Zip _____

**200 F Main Street - Box 158 Stoneham, MA 02180 Tel: 978-454-9631 Fax:
978-364-7248 E-Mail: sales@ttnodizing.com Web: www.ttnodizing.com** Page 4 of 4

The undersigned hereby states that he/she is the owner , officer or legal representative of the above company and authorizes T&T Anodizing, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility. The signee also understands that the above information is for the purpose of obtaining credit and is, to the best of his/her knowledge, warranted to be true.

The undersigned agrees to abide by the terms set forth, upon approval of this application, and to pay a service charge of 1.5% per month or 18.00% on an annual rate for all invoices not paid on or before the due date: Net 30 days.

Signature _____

Title _____

Please Print Name _____

Date _____

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize T&T Anodizing, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility.

Please return completed form to the address or facsimile listed below:

**T&T Anodizing, Inc. Fax: 978-937-0383
200 F. Main Street - Box 158 Tel: 978-454-9631
Stoneham MA 02180**