



Credit Application

Company Name _____ Corporation Partnership Sole Proprietor Other _____

Years In Business _____ Number of Employees _____ SIC Code _____

Nature of Business _____

Estimated Annual Volume < \$500 \$500 - \$2500 \$2500-\$5000 \$5-10,000 \$10-25,000 Over \$25,000

How did you hear about our company? Web Salesman Cust Referral Direct Mail Other _____

Officers _____ Title _____ Email _____

_____ Title _____ Email _____

Accounting Contact _____ Phone _____ Fax _____ Email _____

Purchasing Agent _____ Phone _____ Fax _____ Email _____

Maintenance Contact _____ Phone _____ Fax _____ Email _____

Engineering Contact _____ Phone _____ Fax _____ Email _____

Safety Contact _____ Phone _____ Fax _____ Email _____

Training Contact _____ Phone _____ Fax _____ Email _____

Sales Tax Exempt? Yes _____ No _____ (If yes, include exemption certificate)

Are faxed invoices acceptable? Yes _____ No _____ E-mail Address _____

Do you have EDI capabilities? Yes _____ No _____ If yes, what documents? _____

Does your company use a credit card? Yes _____ No _____ If yes, what card? _____

Billing Address

Street or P.O. Box _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____

Ship To Address (If Different Than Billing Address)

Street or P.O. Box _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____

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Trade References

Company

Street

City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Company

Street

City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Company

Street

City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Bank Reference

Bank

Street

City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Information Provided By

Signature _____ Date _____

Name (print or type) _____ Title _____

All replies are strictly confidential. Please allow 3 days for application to be processed. Terms are net 30 days. A service charge of 1% per mo., 12% annually will be charged on balances not paid within 30 days.

Internal Use Only

100 _____ 334 _____ 801 _____ 803 _____ 703 _____ TFM _____ ACCT _____

PO Box 13121
Austin, TX 78711
512-708-1880

Attn: _____Accounts Receivable_____

Date: _____

PLEASE NOTE: The following credit agreement **must be signed** BY AN OFFICER or OWNER of the company in order to be approved for an open account.

CREDIT AGREEMENT

In submitting this application for extension of credit, I understand that all accounts over 30 days are delinquent and liable to be assigned a late charge of 1% per month, not to exceed an annual charge of 12% per year. All costs of collection will be the debtor's responsibility, including reasonable attorney fees, should collection through an attorney be necessary. This agreement shall be conclusively deemed to be a material element in each subsequent extension of credit by **Aqushen-TRS** until revoked by your company in writing.

Company
Name _____
Date _____

Authorized
Signature _____
Printed
Name _____
Title _____

**PLEASE NOTE: IF WE DO NOT RECEIVE YOUR ANNUAL
RESALE CERTIFICATE YOUR ACCOUNT WILL BE TAXED**