

T&N, INCORPORATED

Professional Turf & Ice Melt Products

815 Highway T □ P.O. Box 240 □ Foristell, MO 63348

Phone: 866-670-2505 □ Fax: 636-673-2750

E-mail: shuck@tandninc.com □ www.tandninc.com



Credit Application

Full & Official Name _____

Doing Business As _____

Billing Address _____

City & State _____ Zip Code _____

Telephone _____ Fax _____ e-mail _____

Accounts Payable Contact _____

Type of Business: Corporation _____ Partnership _____ Individual _____

Year Established _____ Year Incorporated _____

FEIN or SSN _____ Sales Tax Exemption # _____

Is a Purchase Order Number (P.O. #) required? Yes _____ No _____

Bank Information

Bank Name _____ Contact _____

Address _____

Telephone _____ Fax _____

Principal Sources of Supply (Please include Name, Complete Address, Phone and Fax)

1) _____

2) _____

3) _____

Have you taken Bankruptcy or had any Judgments against you? Yes _____ No _____

If Yes, list dates and amounts _____

Maximum credit accommodations desired, subject to stated terms: \$ _____

Applicant is providing the above financial information in order to obtain credit from T and N, Inc. In consideration for receiving such credit, applicant agrees to abide by all terms on the billing invoices, including service charges imposed up to the maximum allowable by law. Past due accounts are subject to a service charge of 1½% per month on the unpaid balance. Credit may be discontinued if account becomes delinquent, unless suitable arrangements are made with this office. It is agreed that all invoices will be paid in accordance with the stated terms, and that interest will be assessed on delinquent invoices together with any reasonable court costs. Attorney's fees and all other costs of collection which the seller may incur in enforcing this agreement. **I have read and fully understand the above, and I hereby apply for credit with T and N, Inc.**

Authorized Signature _____ Date _____

Name _____ Title _____

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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our bank and financial references to release any information necessary to assist in establishing a line of credit.

Customer Name _____

Customer Address _____

City & State _____

Zip Code _____

Authorized Signature _____

Title _____

Date _____

A copy of this form will be considered a bona fide authorization.

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