

Please Return Application To
 credit@tecalemitemusa.com
 or Fax: 281-619-5613



TECALEMIT



CONFIDENTIAL CUSTOMER CREDIT APPLICATION

LEGAL Name of Entity/Business _____

Physical Address _____ City _____ State _____ Zip _____

Billing Address (if different) _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Federal Tax ID# _____ Company Website _____

Purchasing Email _____ Accounts Payable Email _____

Years In Business _____ Annual Sales Volume _____

Credit References: Please fill out completely. A company reference sheet that includes this information can be attached in lieu of completing fields below.

Company Name: _____	Phone # _____ - _____ - _____
Address: _____	Email: _____
Company Name: _____	Phone # _____ - _____ - _____
Address: _____	Email: _____
Company Name: _____	Phone # _____ - _____ - _____
Address: _____	Email: _____

Payment Terms: Net 30 terms from date of invoice. Invoices are created on the date of shipment.

By accepting credit from Tecalemit, Inc., customer agrees to pay according to the terms as set forth on Tecalemit, Inc. invoice(s). Customer further agrees to notify Tecalemit, Inc. of any changes in ownership of the legal status/structure of the company/organization. Signing this application grants authorization to Tecalemit, Inc. to run a credit report and investigate credit history of applicant(s) for purposes used to establish an account.

Submitted by: _____ Date: _____
 Authorized Signature

Print Name: _____ Title: _____

Account Rep: _____