

CREDIT APPLICATION FOR OPEN ACCOUNT

NOTE: Incomplete information will delay or disqualify consideration of this application

Today's Date:
Exact Company Name:
Street Address / PO Box:
City, State & Zip Code:
Telephone Number:
Website:
We appreciate the opportunity to serve you. Below is the information we need to become better acquainted with you and your Company. If you have any questions, please contact Sandra Payne.
After completing this form, PLEASE SIGN AND EMAIL BACK TO Sandra.Payne@temple-inc.com
Company's "SHIP TO" Address:
City, State, Zip:
Company's "SHIP TO" Phone Number: Email:
State Tax Resale# Year the Company was established: Full Time Part-Time Is the Company a/an (select one): Individual Business Partnership Corporation Name(s) of individuals(s) with Purchasing Authority: 1. 2. 3. Corporate Tax ID Number: If this is a partnership, we will need the Social Security numbers of the Corporate Officers to complete
the Credit Application. IF YOU ARE A CORPORATION, PLEASE FILL IN THE FOLLOWING INFORMATION:
Date of Incorporation: State of Incorporation: Names of Corporate Officers: President: Vice-President: Secretary: Treasurer:



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BUSINESS REFERENCES THAT EXTEND CREDIT TO YOUR COMPANY

Please give complete name, account numbers, phone numbers, and firm's email. Please do not submit credit card or utility companies (as they do not confirm)

	Name:		
	Customer Account Number:		
	Telephone:		
	Email:		
	Name:		
	Customer Account Number:		
	Telephone:		
	Email:		
	Name:		
	Customer Account Number:		
	Telephone:		
	Email:		
	Email		
	Name:		
	Customer Account Number:		
	Telephone:		
	Email:		
	Name:		
	Customer Account Number:		
	Telephone:		
	Email:		
BUIOINE	00 A000UNIT		
ROSINE	SS ACCOUNT Bank:		
	Address:		
	Telephone:		
	Contact at Bank:	Email:	
	Account Number:	Linait.	
	Authorized Signers:		
	Authorized Signers.		
BONDIN	NG COMPANY FOR PERTINENT PROJECT	:	
	Name:		

Address:

City, State, & Zip:



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ESTIMATED AMOUNT OF CREDIT YOUR COMPANY IS REQUESTING: \$

TERMS AND CONDITIONS OF SALE

Temple, Inc. will determine an account's credit limit individually. Invoices will be mailed the day the merchandise is shipped. Please NOTE: Our credit terms are NET 30 DAYS. A finance charge of 1.5% will be added on all past due amounts, and the account is placed on "credit hold" when a balance reaches 90 days.

READ CAREFULLY BEFORE SIGNING

To be signed by an officer of the Company:

Your signature below indicates that you have carefully read, understood, and accepted the terms and conditions of this SALES AGREEMENT. Furthermore, your signature authorizes Temple, Inc. to obtain any information from any necessary source to verify statements made in this application.

NOTE TO APPLICANT: This Form and its contents remain completely CONFIDENTIAL.

Name:			
Title:			
Signature:	(Please print the entire application and then sign)	•	
Date:			
Affix Corpo	orate seal below:		

PLEASE RETURN THE APPLICATION TO SANDRA PAYNE VIA EMAIL: Sandra.payne@temple-inc.com