



Temple

800.633.3221

CREDIT APPLICATION for Open Account

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

Today's Date:

Exact Company Name:

Street Address / P.O. Box:

City, State, & Zip Code:

Telephone Number:

Business Fax:

We appreciate the opportunity to serve you. Listed 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 click the "PRINT" button (on Page 3), SIGN the Credit Application, and fax it back to Sandra Payne at 256.353.3351.

1. Company's "SHIP TO" Address:
2. City, State & Zip:
3. Company's "SHIP TO" Phone Number: Fax:
4. State Tax Resale #:
5. Year Company was established: Full Time? Part Time?
6. Is the Company a/an (select one): Individual Business Partnership Corporation
7. Name(s) of the individual(s) with Purchasing Authority:
 - 1.
 - 2.
 - 3.
- 8a. Corporate Tax ID Number:
- 8b. If this is a partnership, we need Social Security Numbers of the Corporate Officers to complete the credit application.
9. IF YOU ARE A CORPORATION, PLEASE FILL IN THE FOLLOWING INFO:
 - a. Date of Incorporation:
 - b. State of Incorporation:
 - c. Names of Corporate Officers:
 1. President:
 2. Vice-President:
 3. Secretary:
 4. Treasurer:

10. **BUSINESS REFERENCES THAT EXTEND CREDIT TO YOUR COMPANY**

Please give complete name, account number, fax and telephone numbers of firms. Please do not submit credit card or utility companies (as they do not confirm).

1. Name:
Customer Account Number:
Telephone:
Fax:

2. Name:
Customer Account Number:
Telephone:
Fax:

3. Name:
Customer Account Number:
Telephone:
Fax:

4. Name:
Customer Account Number:
Telephone:
Fax:

5. Name:
Customer Account Number:
Telephone:
Fax:

11. **BUSINESS ACCOUNT**

Bank:
Address:
Telephone: Fax:
Contact at Bank:
Account Number:
Authorized Signers:

12. **BONDING COMPANY FOR PERTINENT PROJECT:**

Name:
Address:
City, State, & Zip:

ESTIMATED AMOUNT OF CREDIT YOUR COMPANY IS REQUESTING: \$

TERMS AND CONDITIONS OF SALE

An account's credit limit will be determined by Temple, Inc. on an individual basis. 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

Your signature below indicates that you have carefully read, understand, and accept the terms and conditions of this SALES AGREEMENT. Furthermore, your signature authorizes Temple, inc. to obtain any information, from any source, deemed necessary to the verification of statements made in this application.

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

To be signed by an officer of the Company:

Name:

Title:

Signature: _____
(Please print entire application and then sign)

Date:

Affix corporate seal below:

PLEASE RETURN APPLICATION TO SANDRA PAYNE by FAX or U.S. MAIL:

By FAX:

256.353.3351
ATTN: Sandra Payne

By U.S. MAIL:

Temple, Inc.
ATTN: Sandra Payne
P.O. Box 2066
Decatur, AL 35602-2066