



Total Chemical Resources, Inc.

Business: (671) 646-4742

Business: (671) 646-5689

Fax: (671) 649-0447

FOR TCR OFFICE USE ONLY		
Approved By:	_____	
Credit Amount:	_____	
Date:	_____	

## **APPLICATION FOR CREDIT**

PLEASE PRINT AND PROVIDE ALL REQUESTED INFORMATION

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Federal EIN Number: \_\_\_\_\_

Location of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Date Business Started: \_\_\_\_\_

Owners:

If Corporation, Officers Are:

President: \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone Number: \_\_\_\_\_

Vice-President: \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone Number: \_\_\_\_\_

Secretary: \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone Number: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone Number: \_\_\_\_\_

If Sole Ownership or

Partnership, Owners Are:

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone Number: \_\_\_\_\_

Where does your firm bank? \_\_\_\_\_ Branch? \_\_\_\_\_ Account #: \_\_\_\_\_

### **CREDIT REFERENCES : (DO NOT INCLUDE UTILITIES/INSURANCE COMPANIES)**

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_

**To help us determine your credit limit, please answer these questions.**

About how much product do you think you will buy from Total Chemical Resources (TCR) in the course of a month?

Should we then consider this as the limit you place on your purchase? \_\_\_\_\_ Credit Amount Desired? \_\_\_\_\_

Contractor's License # (If Applicable) _____	Officer/Owner Signature: _____
	Print Name: _____
	Title: _____

**TERMS & CONDITIONS**

IF CREDIT IS EXTENDED, I (WE) AGREE THAT SUCH EXTENSIONS OF CREDIT SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS.

I (we) shall agree that this application may be referred to Dun & Bradstreet of TRW or to any official of the above firm(s) for approval, and if credit is extended, I (we) further agree that such extensions of credit shall be subject to the following terms and conditions.

1. I (we) shall pay the amount or amounts due as evidence by the account, not later than thirty (30) days following the date of invoice.
2. I (we) agree that any amounts not paid within the time allowed in Paragraph 1 above shall be considered delinquent and A DELINQUENT CHARGE at the rate of 1.5% PER MONTH, which is an ANNUAL PERCENTAGE RATE OF 18%, will be applied after the first day the amount becomes delinquent.
3. In the event that a delinquent account is placed in the hands of a licensed collector or any attorney for collections or suit is instituted on this account, I (we) agree to pay, in addition to the amount of the delinquent account and interest, a reasonable collector's or attorney's fees.
4. Goods sold will be subject to a fifteen (15) percent restocking charge provided goods are returned in a resaleable condition subject to the prior approval of the Manager.

I hereby agree to the terms and conditions of this credit agreement.

Applicant Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guarantor Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_