TISCA CREDIT APPLICATION Please print or type

January 2024

Business Profile……………………………………………………..DUNS#......................

Legal Name…………………………………………..Trade Name………………………..

Street Address………………………………………..City & State………………………..

Zip Code………..Phone# ............................................Fax #.................................................

Date Business Started………Date Incorporated……..Tax ID # & State…………………..

GIVE FULL NAME AND HOME ADDRESS OF OWNERS/PARTNERS/OFFICERS:

1) ……………………………………………………………………………………………

2) ……………………………………………………………………………………………

Accounts Payable Contact………………………………………………………………….

BANK REFERENCES:

Name of Bank Branch Address Bank Officer Account# Line of Credit Phone/Fax#

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

TRADE REFERENCES:

Name…………………………………………………………..Phone#................................

Address………………………………………………………..Fax#....................................

Name…………………………………………………………..Phone#................................

Address………………………………………………………..Fax#....................................

Name…………………………………………………………..Phone#...............................

Address………………………………………………………..Fax#...................................

THE UNDERSIGNED APPLICANT UNDERSTANDS THAT THE TERMS OF SALE ON WHICH CREDIT IS GRANTED ARE AS FOLLOWS:

1. It is understood and agreed by the customer that any accounts outstanding past due is subject to interest at the maximum allowed by law.
2. Permission must be obtained prior to returning goods for credit, indicating details as to original purchase.
3. I/we hereby authorize Tisca to conduct what credit investigation they feel is necessary on the above company and owner’s names in this application.
4. I/we hereby certify that the information provided above is true and correct.
5. Until paid, title to goods remain with vendor.
6. I/we also certify that we are duly authorized to apply for credit on behalf of the applicant.
7. Should credit granted by this application require collection efforts, attorney’s fees will be collected at the rate of 15%.
8. Actual terms relative to discounts and dates due are reflected on the invoice as agreed upon at time of sale.

Price Level

Date:……………………………Signature Corporate Seal

Title:……………………………Print Name…….…………………………