



TM

1025 Conroy Place
Easton, Pa 18040

(610) 250-5800 Phone
(610) 250-2700 Fax

CREDIT APPLICATION

Below please find the information required to obtain open account status with TorcUP. Please provide as much information as possible to assist our credit department in processing your company's request for open account status.

APPLICANT INFORMATION:

Business Name (Do Not Abbreviate)

Doing Business As (DBA)

Billing Address (Street, P.O. Box (if any), City, State and Zip Code)

Shipping Address (if different than Billing Address)

Telephone #: _____ Fax #: _____ Email: _____

Type of Business:

- Proprietorship Partnership Limited Liability Co. Corporation.
 S-Corporation Subsidiary (list Parent Company) _____

Proprietor, Partners, or Officers:

Name

Title

Home Address

Social Security Number

Name

Title

Home Address

Social Security Number

Federal Tax or Social Security Number: _____

Principal Business: _____

Year Business Established: _____ At present location since: _____

Is Business Incorporated? _____ If so, under laws of what State? _____

Pending lawsuits against Company (if so, please explain): _____

List Employees Names and Titles who can authorize purchase orders for your Company:

1) _____

2) _____

3) _____

*****Please list additional names on separate sheet.

Accounts Payable Contact: _____ Email: _____

CREDIT INFORMATION:

Estimated Maximum Credit Desired: \$ _____

Name of Bank

Address

Account Number

Name of Bank

Address

Account Number

CREDIT REFERENCES:

Name

Address

Phone #

Fax #

Account Number

Name

Address

Phone #

Fax #

Account Number

Name

Address

Phone #

Fax #

Account Number

Name

Address

Phone #

Fax #

Account Number

Name

Address

Phone #

Fax #

Account Number

Name

Address

Phone #

Fax #

Account Number

CREDIT CARD AUTHORIZATION:

Credit Card #: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

I hereby authorize TorcUP, Inc. to charge my invoices to above credit card once my bill becomes past due.
I have read and agree to the terms and conditions stated below.

I hereby warrant that the above information is true and correct, and is furnished for the purpose of obtaining credit. I hereby agree that TorcUP, Inc. may investigate our credit record and that, if an account is opened, TorcUP, Inc. may furnish information regarding this account to credit reporting agencies and others who may properly request such information.

My signature below authorizes any and all agencies listed on this application as a credit reference to release information about our company's credit history with them.

Company Name

Signature

Title

Print Name

Date

*** Along with this application, if applicable, please FAX over a copy of your TAX EXEMPT CERTIFICATE.

CREDIT TERMS AND CONDITIONS

For customers with approved credit, we extend open account terms and conditions consisting of the following:

1. Terms of Sales: Net due 30 days after invoice date
2. Credit will be granted when an Application for Credit Authorization has been completed and signed by the customer and approved by the Credit Department
3. Payment in advance is required prior to credit approval
4. New purchases will only be approved if prior invoices are in current account standing
5. An account will be considered past due thirty days from invoice date
6. Charges shown by invoice and/or statements are agreed to be correct and reasonable unless communicated in writing to the address below within thirty days of billing date:

TorcUP, Inc.
1025 Conroy Place
Easton, PA 18040

I/We understand and agree that any credit shall be paid promptly in accordance with terms and conditions and, in the event of default, I/We agree to pay reasonable collection charges, attorney's fees, and court costs as permitted by law.

Signature

Title

Print Name

Date