

**P. O. BOX 8818
Greenville, SC 29604**

**TNT SALES
Credit Application**

**Phone: 864-529-0102
Fax: 864-529-0520**

Name of Company _____ Date Established _____

Address _____ Telephone _____

City _____ State _____ Zip _____ Fax _____
Email _____

Please provide name, home address and phone number of owner or authorized officer if incorporated.

Name _____ Telephone _____

Home Address _____ Email _____

City _____ State _____ Zip _____

Business is a: ☐ Proprietorship ☐ Partnership ☐ Corporation SS# or Fed I.D. _____

Type of Business _____ State Resale Tax # _____

Trade References:

Please list at least 3 active sources including fax #: (References without contact information cannot be considered)

Please list any additional credit references. Include account numbers, addresses, and phone numbers.

Bank Reference _____ (Signature required here for bank information)

Name of Bank _____ Account# _____

Street Address _____ Officer _____

City _____ State _____ Zip _____ Telephone _____

Type of account desired ☐ Open terms ☐ Credit Card ☐ Proforma ☐

By signing below, you are agreeing to the credit terms and conditions stated as follows:

1. Acceptance of an invoice without written notice of protest within 10 days shall be considered as evidence and acceptance of delivery of all goods listed in undamaged condition.
2. The purchaser and the undersigned agree to pay all costs and reasonable attorney's fees incurred in the collection of any past due account.
3. All accounts are considered past due 10 days after terms maturity on Invoice and a monthly finance charge of 1.5% can be added to any past due balance.
4. The undersigned agrees to personally guarantee immediate payment of any outstanding past due balance and make payment in full within 10 days of written demand.

Name (Owner/principal) printed _____ Date _____

Signature (Owner/principal) _____

Title _____

******PLEASE SEND A COPY OF YOUR RETAIL/RESALE LISCENSE ******