

Please Return Application To
admin@tecalemitemusa.com
or Fax: 281-619-5613



TECALEMIT



CONFIDENTIAL CUSTOMER CREDIT APPLICATION

LEGAL Name of Entity/Business _____

Physical Address _____

City _____

State _____

Zip _____

Billing Address (if different) _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Federal Tax ID# _____

Company Website _____

Purchasing Email _____

Accounts Payable Email _____

Years In Business _____

Annual Sales Volume _____

Credit References: Please fill out completely. A company reference sheet that includes this information can be attached in lieu of completing fields below.

Company Name: Address:	Phone # _____ - _____ - _____ Email: _____
Company Name: Address:	Phone # _____ - _____ - _____ Email: _____
Company Name: Address:	Phone # _____ - _____ - _____ Email: _____

Payment Terms: Net 30 terms from date of invoice. Invoices are created on the date of shipment.

By accepting credit from Tecalemit, Inc., customer agrees to pay according to the terms as set forth on Tecalemit, Inc. invoice(s). Customer further agrees to notify Tecalemit, Inc. of any changes in ownership of the legal status/structure of the company/organization. Signing this application grants authorization to Tecalemit, Inc. to run a credit report and investigate credit history of applicant(s) for purposes used to establish an account.

Submitted by: _____ Date: _____
Authorized Signature

Print Name: _____ Title: _____

Account Rep: _____