

New Customer Account Form



Please return the completed form to your representative.

Sold-To _____	Date _____
Legal Business Name _____	Parent Company _____
Owner Name _____	Operating as _____ Fed ID No. _____
Street Address _____	Registration No. _____ EIN No. _____
City, State, Zip Code _____	VAT Number (if applicable) _____
County _____	Year Started _____
Legal Form of Business <input type="text"/>	

Payer Name _____	Bill-To Name _____
Address _____	Address _____
PO Box _____	PO Box _____
City, State, Zip Code _____	City, State, Zip Code _____
County _____	County _____
Accounts Payable Contact Name _____	Ship-To Name _____
Contact Phone No. _____	Address _____
Contact Fax No. _____	City, State, Zip Code _____
Email Address _____	County _____
A/P Supervisor Name _____	Ship Notice Email _____
A/P Supervisor Phone _____	Purchasing Contact Name _____
A/P Supervisor Email _____	Contact Phone No. _____
Bank Reference (Attach separate schedule if necessary)	Contact Fax No. _____
Bank Name _____	Contact Email _____
Contact Name _____	
Contact Phone No. _____	
Address _____	
City, State, Zip Code _____	
Email Address _____	
Account No. _____	
Account No. _____	

Preferred Method for Receipt of Invoices
To: _____
Preferred Method for Acknowledgements
To: _____
Preferred Method for Receipt of Tracking No.
To: _____
Preferred Method for Receipt of Statements
To: _____
Payment Method _____

Taxable? <input type="checkbox"/>
<i>*If No, attach copy of the Sales Tax Exemption certificate</i>
Blanket (Multiple States) Certificate Attached? <input type="checkbox"/>
Individual State Certificate Attached? <input type="checkbox"/>

Legal Business Name

Date

Trade References *(Attach or fill in below a minimum of three trade references)*

1. Business Name

Contact Name

Email Address _____

Phone No. _____ Fax No. _____

2. Business Name

Contact Name

Email Address _____

Phone No. _____ Fax No. _____

3. Business Name

Contact Name

Email Address _____

Phone No. _____ Fax No. _____

If exempt, attach copy of exemption certificate.

For the purpose of inducing

TUFFS to extend credit for the purchase of goods and services, the under- signed ("Customer") provides the information on the credit application (including the attached balance sheet and income statement, if requested) and authorizes TUFFS to make such inquiries and utilize such resources as it deems appropriate to obtain information regarding Customer's credit and financial history and responsibility, and for this purpose, authorizes and approves the release of all such information by the trade reference(s) and bank(s) listed above.

Customer acknowledges that TUFFS may rely on the information provided above, and accordingly, represents and warrants that the information is complete, true, and accurately reflects the present financial condition of Customer. Customer also agrees that the information submitted does not omit

any material facts regarding its financial conditions, results of operations, or prospects. It is understood that TUFFS may also utilize other sources of credit information that it considers reliable. If credit is granted, and Customer later fails to pay any indebtedness to TUFFS when due, becomes bankrupt, or is deemed by TUFFS to be insolvent at any times, TUFFS may declare the entire balance of the indebtedness in default, and in such event, the entire balance shall become immediately due and payable. In the event of a delinquency or default, the Customer agrees to pay TUFFS standard late charges allowed by law, plus reason-able collection costs and attorney fees that may be incurred by TUFFS.

Unless otherwise agreed, TUFFS standard terms are Net 30 days.

The above is understood, agreed, and accepted by:

Applicant Signature

(AUTHORIZED SIGNATURE)

Print Name

Title _____ Date _____