



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.....