



6324 Greens Road
Humble, TX 77396
Phone: 281-446-7300

Please Return Completed Form To:
admin@tecalemitemusa.com
Or Fax To: 281-619-5613

CONFIDENTIAL CUSTOMER CREDIT APPLICATION

Customer Name (LEGAL Name of Entity/Business) _____

Physical Address _____ City _____ State _____ Zip _____

Billing Address (if different) _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Federal Tax ID# _____ Dun & Bradstreet # _____

Purchasing Email _____ Account Payable Email _____

Check One ___ **Proprietor** ___ **Partnership** ___ **Corporation**

Years In Business _____ Annual Sales Volume _____

Credit References: Please fill out completely. List at least one petroleum company that extends you credit along with other credit references. A Company Line Sheet that includes this information can be included in lieu of completing items below.

Bank Name:	Acct # _____
Address:	Phone # (____) _____ - _____
Company Name:	Phone # (____) _____ - _____
Address:	Fax # (____) _____ - _____
Company Name:	Phone # (____) _____ - _____
Address:	Fax # (____) _____ - _____
Company Name:	Phone # (____) _____ - _____
Address:	Fax # (____) _____ - _____

Payment Terms: All invoices are due 30 days from 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 Customer applying for credit.

Signing this application also 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: _____