TECALEMIT

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

Please Return Completed Form To:
admin@tecalemitusa.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: Address:	Acct # _____ Phone # (____)_____-_____
Company Name: Address:	Phone # (____)_____-_____ Fax # (____)_____-_____
Company Name: Address:	Phone # (____)_____-_____ Fax # (____)_____-_____
Company Name: Address:	Phone # (_____)_____-_____ 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: _____