

TPC ADVANCED TECHNOLOGY INC.

18525 E. Gale Avenue

City of Industry, Ca. 91748

TEL: (626) 810-4337, FAX: (626) 810-4245

**CREDIT APPLICATION**

\*\*\*Send copy of Resale certificate\*\*\*

**BILLING INFORMATION**

The following information is submitted for your consideration as a basis of extension of credit to us.

Individual or

Tel: ( ) \_\_\_\_\_

Company Name: \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Principal Owners \_\_\_\_\_

*Are Products Purchased for Resale:*

Yes \_\_\_\_\_

No \_\_\_\_\_

*(If Yes, Please Provide resale Cert.)*

Federal I.D.#

Tax I.D. #

**SHIPPING INFORMATION**

Primary

Secondary

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**TRADE REFERENCES**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

**BANK REFERNCES**

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

Account No. \_\_\_\_\_

Our firm is financially able to meet any commitment we will make and expect to pay your invoices accordingly to your terms.

I personally and unconditionally guarantee payment of any and all indebtedness incurred by the above firm.

I/We hereby authorize you to whom this application is made or your agents to investigate my/our financial responsibilities, credit worthiness, and depository relationship with banks.

By \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

**FOR CREDIT DEPARTMENT USE ONLY**

APPROVED / DECLINED

NET/TERMS

MAX AMT.

**NOTE: Approval time depends on return rate of credit references.**