



T.P.S. SUPPLY
108 RIDGEDALE AVE BLDG 4, MORRISTOWN, NJ 07960
PH: 973.538.3662 FX: 973.544.8986

COMPANY NAME: _____ PHONE: _____
 STREET ADDRESS: _____ FAX: _____
 CITY: _____ STATE: _____ ZIP: _____
 TYPE OF BUSINESS _____ YRS IN BUSINESS: _____
 EMAIL: _____@_____

BANK AND TRADE REFERENCES:

1. BANK NAME: _____ ACCT #: _____
 STREET ADDRESS: _____ PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____
2. SUPPLIER: _____ ACCT #: _____
 STREET ADDRESS: _____ PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____
3. SUPPLIER: _____ ACCT #: _____
 STREET ADDRESS: _____ PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____
4. SUPPLIER: _____ ACCT #: _____
 STREET ADDRESS: _____ PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____
5. SUPPLIER: _____ ACCT #: _____
 STREET ADDRESS: _____ PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____

Has your company or corporation ever had any judgments or attachments or legal proceedings against them? (Check One) Yes _____ No _____

Normal credit terms are 2% 10th – Net 25th.

Past due accounts will be subject to a 1-1/2% service charge per month on past due accounts which is an APR of 18%. If this account is placed in the hands of a bonded collection agency or attorney for collection, the undersigned shall pay an amount equal to 25% of the unpaid principal and interest as a collection fee, which the undersigned agrees is reasonable.

I certify that all the information on this form is correct. I fully understand your credit terms and agree to the proper payment in consideration of your extended credit. I also agree to pay any and all cost incurred by T.P.S Supply, LLC in the event that I do not make timely payments to T.P.S. Supply, LLC.

Name of principal of officer who will be personally liable for company or corporate charges:

PRINCIPAL: _____ TITLE: _____ DATE: _____
 HOME ADDRESS _____

PHONE: _____
 S/S#: _____ SIGNATURE: _____