



1700 W. Hamlin Rd., Ste 110
Rochester Hills, MI 48309

Office: (248) 299-1920
Fax: (248) 247-3163

CREDIT APPLICATION

COMPANY INFORMATION

LEGAL NAME OF BUSINESS: _____

DBA NAME (IF APPLICABLE): _____

FEDERAL TAX ID #: _____ DUNS #: _____

WEBSITE URL ADDRESS: _____

PHONE #: _____ FAX #: _____

LEGAL FORM UNDER WHICH BUSINESS OPERATES:

CORPORATION

PARTNERSHIP

SOLE PROPRIETORSHIP

STATE OF INCORPORATION: _____ DATE INCORPORATED: _____

IN BUSINESS SINCE: _____ # OF EMPLOYEES: _____

BUSINESS INDUSTRY: _____

HAS THE BUSINESS EVER DECLARED BANKRUPTCY: YES NO

IF YES, COMMENTS: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ACCOUNTS PAYABLE

A/P CONTACT: _____

A/P PHONE: _____

A/P EMAIL: _____

REQUESTED CREDIT AMOUNT: _____

BANK INFORMATION

BANK NAME: _____

BANK CONTACT NAME: _____

BANK ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BANK CONTACT PHONE #: _____

ACCOUNT NUMBER: _____ DEPOSITORY CHECKING

BUSINESS/TRADE REFERENCES

COMPANY NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

CONTACT PERSON: _____

CONTACT EMAIL ADDRESS: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

CONTACT PERSON: _____

CONTACT EMAIL ADDRESS: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

CONTACT PERSON: _____

CONTACT EMAIL ADDRESS: _____

Agreement:

- 1.) All invoices are to be paid Net 30 Days from date of invoice, unless another agreement is established in writing.
- 2.) By submitting this application, you authorise TNE International, LLC to make inquiries into the banking and business/trade references that you have supplied.

THIS APPLICATION FOR CREDIT IS SIGNED BY:

SIGNATURE _____ DATE _____

PRINTED NAME _____ POSITION _____