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936-205-9087 | www.turnerfabrication.com

APPLICATION FOR CREDIT

Business legal name _____

DBA _____ Name of parent company _____

Federal Tax ID _____ DUNS Number _____

Year Established _____ Number of Employees _____

Ownership Structure: C Corp S Corp Proprietorship Partnership LLC LLP

Estimate of Annual Purchases from Turner Fabrication: _____

BILLING AND SHIPPING INFORMATION

Accounts Payable Information

Contact Name _____ Phone _____

Email _____ Secondary Contact Name _____

Billing Address Street/ Box _____

Billing City _____ Billing State _____ Billing Zip _____

Preferred invoicing method: U.S. Mail Email to _____

Terms Requested: Due on Receipt Billing to AP 1%10 NET 30 Other (please specify)

Bill of lading/ proof of delivery required with invoice to process and pay invoices Yes No

Purchase orders (POs) required to process and pay invoices: Yes* No

*If required, POs must be sent to matt@turnerfabrication.com and accounts@turnerfabrication.com

Shipping and Delivery information (leave blank if same as billing)

Shipping address _____

Shipping City _____ Shipping State _____ Shipping Zip _____

Taxability*

Our purchases from Turner Fabrication will be Tax Exempt Taxable Vary by job

- All sales are taxable until appropriate State of Texas Sales and Use Tax forms are completed and on file with Turner Fabrication.
- Email completed Sales and Use Tax forms to accounts@turnerfabrication.com
- Forms can be found online at <https://www.comptroller.texas.gov/forms/01-339.pdf>

BANK AND INDUSTRY REFERENCES

BANKING

Bank Name _____

Bank Address _____

Bank City _____ Bank State _____ Bank Zip _____

Contact Name _____ Phone _____

Last 4 digits of Account Number _____

INDUSTRY CREDITORS

Please provide contact information for four (4) industry creditors (not COD) with whom you regularly do business.

REFERENCE 1

Business Name _____

City _____ State _____ Industry _____

Phone Number _____ Account Number _____

REFERENCE 2

Business Name _____

City _____ State _____ Industry _____

Phone Number _____ Account Number _____

REFERENCE 3

Business Name _____

City _____ State _____ Industry _____

Phone Number _____ Account Number _____

REFERENCE 4

Business Name _____

City _____ State _____ Industry _____

Phone Number _____ Account Number _____

AUTHORIZATION AND AGREEMENT TO TERMS

CREDIT TERMS: Standard open account terms are 1% 10/NET 30 Days from product delivery date. All accounts over 30 days in aging may accrue a services charge at 6.5% of the open balance, which will be re-assessed every 30 days until paid. Accounts over 60 days in aging will permanently default to COD and no additional orders may be placed until the account is paid current.

The information in this application is for the purpose of obtaining credit and is warranted to be true and correct. I/we hereby authorize Turner Manufacturing LLC dba Turner Fabrication to investigate my/our credit and financial responsibility. I/we hereby authorize my/our banks, trade references, and credit bureau agencies to release to Turner Fabrication any information required to process the request for credit extension. Applicant's signature attests financial responsibility, ability, and willingness to pay Turner Fabrication invoices in accordance with the terms and conditions stated in this application. In the event of non-payment, customer agrees to pay reasonable collection fees, attorney fees and court costs incurred to collect unpaid debt in addition to the balance due.

Name: _____ Title: _____

Email _____ Phone _____

Signature: _____ Date: _____