



## APPLICATION FOR CREDIT

FOR OFFICE USE ONLY	
Approved by:	
Credit Limit:	
Account #:	
Salesman:	
Date Approved:	

### GENERAL INFORMATION

Company Name: _____	Accounts Payable Contact Name: _____
Delivery Address: _____	Accounts Payable Contact Phone#: (____)____-_____
Billing Address: _____	\$ Credit Limit Requested: _____
City: _____ State: _____ Zip: _____	Has your company ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #: (____)____-_____ Fax #: (____)____-_____	If yes, what type of bankruptcy? _____ When? _____
Web Address: _____	Date of Incorporation/Business Started: _____
DUNS #: _____	Federal ID # _____
	Business Type: <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation

### SPECIAL INSTRUCTIONS

- All transactions must have a purchase order.
- We are tax exempt and are providing a State Tax Exempt Certificate with this application.

### BANKING INFORMATION

Bank Reference Name: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Fax #: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

### OWNER/OFFICER INFORMATION

Name 1: _____	Name 2: _____
Title 1: _____ SSN 1: _____	Title 2: _____ SSN 2: _____
Address 1: _____	Address 2: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Name 3: _____	Name 4: _____
Title 3: _____ SSN 3: _____	Title 4: _____ SSN 4: _____
Address 3: _____	Address 4: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

### TRADE REFERENCES

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Phone #: (____)____-_____ Fax #: (____)____-_____	Phone #: (____)____-_____ Fax #: (____)____-_____
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Phone #: (____)____-_____ Fax #: (____)____-_____	Phone #: (____)____-_____ Fax #: (____)____-_____



**AGREEMENT**

I/We agree to pay for all the charges to our account under the following terms and conditions.

Purchases must be paid within thirty (30) days of the invoice date. In the event of default of any payment that comes due, I/We agree to pay interest at the rate of 1½% per month on the balance owing, from the date of invoice.

Applicant hereby authorizes Transfill Equipment Supplies & Services, Inc., DBA Tess Company to contact credit reporting agencies as well as any or all banks, credit references and/or trade references listed herein and further authorizes said banks, credit references and/or trade references to provide information requested by Transfill Equipment Supplies & Services, Inc., DBA Tess Company in order to evaluate this application.

I/We represent, as the applicant herein, that all debits are currently being paid in the normal course of business as they become due, and no insolvency exists as defined in the Bankruptcy Reform Act of 1980, and that all orders will cease should this condition as to insolvency become incorrect.

All cylinders and related equipment rented from Transfill Equipment Supplies & Services, Inc., DBA Tess Company must be returned if your business is sold or closed or if you declare Bankruptcy.

All cylinders belonging to Transfill Equipment Supplies & Services, Inc., DBA Tess Company may not be transferred to any other person or business unless an agreement is signed between Transfill Equipment Supplies & Services, Inc., DBA Tess Company. and the new owner. The original owner will be held personally responsible. Applicant agrees to immediately notify Transfill Equipment Supplies & Services, Inc., DBA Tess Company in writing, if their business changes status in any way (new owner, incorporation, loss of partner, change in banks, etc.)

In the event that suit is filed to enforce payment of all sums due under this agreement, I/We agree to pay reasonable court costs and attorney fees. Further it is agreed that in the event suit is filed to enforce payment, the venue will be in the County of Sumner, State of Tennessee.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PERSONAL GUARANTEE FOR CORPORATE DEBT**

In consideration for credit that may be granted by Transfill Equipment Supplies & Services, Inc., DBA Tess Company to the above named applicant corporation, I/We, the undersigned, agree to further and wholly guarantee any debt incurred by \_\_\_\_\_ or its agents, and I/We agree to the terms listed in the above agreement.

This personal guarantee for corporate debt may be revoked by the undersigned upon thirty days written notice to Transfill Equipment Supplies & Services, Inc., DBA Tess Company of the undersigned intention to revoke said personal guarantee.

The undersigned shall remain liable for any charges incurred with Transfill Equipment Supplies & Services, Inc., DBA Tess Company prior to the end of said thirty day period.

All corporate officers must sign:

Guarantor: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

Guarantor: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

Guarantor: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

Guarantor: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Please fax completed application to Margaret's @ 615.230.2051 or email to [margaret@tesscompany.com](mailto:margaret@tesscompany.com)**