



P.O. Box 9004  
 Bartow, FL 33831-9004  
 Phone: 863.534.1575 Toll Free: 1.800.940.1575  
 Fax: 863.534.3200

**CREDIT APPLICATION**  
**Please Print**

Thank you for taking a look at our web site and giving us an opportunity to serve you; we are looking forward to doing business with you in the future. To help out the process we need a credit application filled out first. This application must be signed by an authorized owner, officer, partner or member. After completing this form please fax it to Trans-Phos at (863) 534-3200.

BUSINESS INFORMATION		
Applicant		
Telephone Number ( )	Business FAX Number ( )	
Mailing Address		
City	State	Zip
Physical Address		
City	State	Zip
ABOUT YOUR COMPANY		
Type of Business _____ Corporation _____ Partnership _____ Sole Proprietorship _____ LLP/LLC		
State Registration Number	State License Number	
Accounts Payable Contact	Accounts Payable Phone Number ( )	
Accounts Payable Email	Company Website http://	
Number of Years in Business		
Federal Tax ID		
PRINCIPALS		
Principal #1 Name		
Address		
Social Security Number		
Email Address		
Role _____ Owner _____ Partner _____ Corporate Officer _____ Member		
Principal #2 Name		
Address		
Social Security Number		
Email Address		
Role _____ Owner _____ Partner _____ Corporate Officer _____ Member		

PRINCIPALS, CONT.		
Principal #3 Name		
Address		
Social Security Number		
Email Address		
Role _____ Owner _____ Partner _____ Corporate Officer _____ Member		
Principal #4 Name		
Address		
Social Security Number		
Email Address		
Role _____ Owner _____ Partner _____ Corporate Officer _____ Member		
BANK REFERENCE		
Name of Bank		
Address		
City	State	Zip
Telephone Number (       )	FAX Number (       )	
Officer		
Officer Email		
Account Number		
SUPPLIER REFERENCES		
Supplier #1		
Address		
City	State	Zip
Telephone Number (       )	FAX Number (       )	
Supplier #2		
Address		
City	State	Zip
Telephone Number (       )	FAX Number (       )	
Supplier #3		
Address		
City	State	Zip
Telephone Number (       )	FAX Number (       )	
CREDIT TERMS		
<p>Net seven (7) days from date of invoice. Invoices not paid in full within thirty (30) days of the date of invoice will accrue interest at the rate of 1 1/2% per month (18% per annum) on the unpaid balance. The failure to make timely payments may result in no further credit being granted. Payments on account will be applied first to any outstanding interest, then principle.</p> <p>Applicant agrees to notify TRANS-PHOS, INC. in writing when there are any material changes in the information provided in this agreement. Upon request, Applicant agrees to supply TRANS-PHOS, INC. with current financial statements.</p> <p>Applicant agrees all payments will be remitted/made to the offices of TRANS-PHOS, INC. at P.O. Box 9004, Bartow, FL 33831-9004 or other such addresses as TRANS-PHOS, INC. may designate.</p>		

<b>WORK/JOB TERMS</b>	
Applicant agrees upon acceptance of bid or quote, but in advance of work performed, to supply in writing to TRANS-PHOS, INC. timely, proper and accurate "Notice To Owner" information including copy of applicable "Notice Of Commencement" and name, address and phone number of the company/person for whom Applicant is working.	
<b>RECOVERY OF MONIES/FEES DUE</b>	
Applicant agrees: Should TRANS-PHOS, INC. institute action to recover monies due on account, for credit extended, that TRANS-PHOS, INC. will be entitled to recover from applicant any and all costs of collection, notice, filing, postage, express and attorney's fees.	
<b>RELEASE OF CREDIT INFORMATION</b>	
The undersigned hereby authorizes its bank, suppliers and other persons or entities with whom applicant is doing business, or who has knowledge of applicant's financial affairs, to release to TRANS-PHOS, INC. information regarding applicant's credit history and other financial information regarding applicant.	
<b>AGREEMENT</b>	
<b>The undersigned owner/officer/partner or member states that they are authorized to commit Applicant to all terms stated above.</b>	
Applicant/Company Name	
Officer/Owner Name (Please print)	
Officer/Owner Signature	
Officer/Owner Title	Officer/Owner Social Security Number
Dated this _____ day of _____, 20____.	

You may mail this form to:  
 Trans-Phos, Inc.  
 P.O. Box 9004  
 Bartow, FL 33831-9004  
  
 (863) 534-1575