

TMP COMPANY, INC
P.O. BOX 269, GRAHAM STREET
HYDE, PA 16843
PHONE: (814) 765-9615 * FAX: (814) 765-5410
TOLL FREE 800-233-1954

CREDIT APPLICATION AND AGREEMENT

COMPANY NAME: _____ DATE: _____

ADDRESS: _____

EMAIL _____ FAX # _____
E-MAIL ADDRESS: _____

BANK NAME: _____
ADDRESS: _____

ACCT # _____ PH # _____ FX # _____

TRADE REFERENCES:

NAME: _____	EMAIL _____
ADDRESS: _____	FAX # _____
_____	CONTACT _____
_____	ACCT # _____

NAME: _____	EMAIL _____
ADDRESS: _____	FAX # _____
_____	CONTACT _____
_____	ACCT # _____

NAME: _____	EMAIL _____
ADDRESS: _____	FAX # _____
_____	CONTACT _____
_____	ACCT # _____

NAME: _____	EMAIL _____
ADDRESS: _____	FAX # _____
_____	CONTACT _____
_____	ACCT # _____

We hereby authorize the above company to make such investigation of our bank and our credit references. We agree to pay for all goods that we purchase from you within 30 days or within the terms that are given to us following the date of your invoice. We also agree to pay all legal costs, including reasonable attorney's fees incurred by you in collecting amounts in default.

Signature and Title

Date

Print Owners Full Name _____