NEW CUSTOMER / CREDIT APPLICATION

TOPCON Solutions Store

Legal Company Name: _____ dba: _____

Billing Address: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Buisness Phone: _____ Website: _____

How long have you been doing business under this name? _____

Reseller Permit #: _____ Tax Identification # (EIN): _____

Accounts Payable Contact Information: _____

Email: _____ Phone: _____ Fax: _____

_____

Required Documentation to ensure Prompt Payment: Purchase Order: _____ Job Name: _____ Job #: _____

Employees authorized to make purchases: _____

If requesting credit, please complete remainder of form

What is your Requested Credit Amount: _____

Name & Address of Parent Company if a Subsidiary: _____

Type of Company: ☐ Corporation ☐ LLC ☐ Partnership ☐ Proprietorship ☐ Other

Bank Name: _____ Phone: _____

Branch: _____ City: _____ Contact Name: _____

Account #: _____ Dun & Bradstreet No: _____

Please list at least three current trade references **(Do not include Personal Credit Cards, Utility Company Accounts etc.)**

Company Name: _____ Contact: _____

Email: _____ Phone: _____

Company Name: _____ Contact: _____

Email: _____ Phone: _____

Company Name: _____ Contact: _____

Email: _____ Phone: _____

This application is submitted for the purpose of obtaining credit and is warranted to be true. By signing this application, the undersigned acknowledges that he/she is authorized to execute this application and to obligate the company to make payment in full for all amounts due according to invoice. The undersigned understands that Topcon Solutions Store's terms are Net 30 days and agrees to pay within these terms. Applicant also agrees to pay a monthly service charge on outstanding balances, and all reasonable attorney and collections agency fees. The undersigned hereby authorizes all financial institutions, trade references, credit reporting agencies, and others to release credit information regarding the Credit Applicant to Topcon Solutions Store. A facsimile copy of this authorization shall be valid as the original.

Signed by: _____

Title: _____ **Date:** _____

Email Completed Form to: **AR@topconsolutions.com**