

TONAWANDA TANK TRANSPORT SERVICE INC. CREDIT APPLICATION

Customer Information		Duns. No.	SIC Code No.	Salesman
Company Name		Phone No.: Fax No.:		Type of Business
Billing Address		Date Started		Social Sec. No. or FED ID No.
Name of Principal Owner			Phone No. ()	
Company President	Address		City and State	
Parent Company	Address		City and State	
Person to Contact for Payment	Title		Phone No. ()	
Person to Contact for Purchase Orders	Title		Phone No. ()	
Are Purchase Orders Required for Payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Sales and/or Use Tax Exempt? <input type="checkbox"/> Yes (Certificate must be furnished) <input type="checkbox"/> No	Credit Line Requested \$		

BUSINESS REFERENCES (Do not include Utilities or Office Supplies)

Name	Address	Phone No.:
		Fax No.:
Name	Address	Phone No.:
		Fax No.:
Name	Address	Phone No.:
		Fax No.:
Name	Address	Phone No.:
		Fax No.:

BANK INFORMATION

Name	Address	City and State	
Phone Number ()	Checking Acct. No.	Savings Acct. No.	Account Officer
Any current loans outstanding <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pending lawsuits against company:			

We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration.

Signed by _____

Date _____ Title _____

Credit Lines in excess of \$10,000.00 require current financial statements.

PLEASE DO NOT WRITE BELOW THIS LINE

References Checked By:	Credit Approved By:	Date
Reference Results:	Credit Refused By:	Date
Credit Amount Approved	Remarks:	

Return To: Gabrielle LaLonde FAX: (716) 877-0227
creditapttt.doc