

# Account Application



**COD Account**  
No References Required

**Credit Application**  
References Required

For Internal Use Only
Account #: _____
Sales #: _____

## BILL TO:

Corporation Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## SHIP TO (if different from billing address):

Corporation Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Do you now or have you ever had an account with Transtar Industries, Inc.?  Yes  No

If yes, please provide your Transtar Customer Number: \_\_\_\_\_

## BUSINESS PROFILE:

No. of years at this location: \_\_\_\_\_  
No. of locations: \_\_\_\_\_  
Other branches or affiliates?  Yes  No  
Name of branch or affiliate(s): \_\_\_\_\_  
*(if more than one, please attach an additional page)*  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## TYPE OF BUSINESS:

Corporation  Limited Liability Corp. (LLC)  
 Limited Partnership  Partnership  
 Sole Proprietorship  
State of Incorporation: \_\_\_\_\_ **or**  
Location of Primary Business (state): \_\_\_\_\_  
**or** If sole proprietorship, state(s) or residence, include all:  
\_\_\_\_\_  
Federal Tax ID Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

## INFORMATION ON PARTNERS/OFFICERS OF COMPANY:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone: \_\_\_\_\_

## INFORMATION ABOUT YOUR BUSINESS:

Business Location(s):  Own  Lease  
Monthly Rent Payment: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Number of Bays: \_\_\_\_\_  
Estimated Monthly Parts Purchases: \_\_\_\_\_

In order to process your credit application, a valid Driver's License number and state of issuance is required.

DL State of Issuance: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

**BANK INFO (to be filled out by applicant):**

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Checking       Savings       Other, please describe: \_\_\_\_\_

**TRADE REFERENCES (to be filled out by applicant):**

Contact: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- The undersigned authorizes Transtar Industries, Inc., its assigns, affiliates and subsidiaries (hereinafter referred to as "Transtar") to perform the necessary credit investigation on the information provided in this credit application.
  - Transtar Standard Terms of sale are Prox 15<sup>th</sup> (invoices billed one month are due on the 15<sup>th</sup> of the month following purchase). Actual terms may vary based upon Transtar's credit investigation.
  - Late payments or balances higher than your assigned credit limit may result in shipments being held, as will NSF Checks (Non-Sufficient Funds for which a \$30 service fee or the maximum allowed by law will be charged). NSF Checks must be replaced immediately by Certified Funds or Money order.
  - A service charge will be added to all delinquent accounts.
  - Transtar does review credit limits periodically and may make changes based on business growth and payment history. If you desire to raise your credit limit, Transtar may require additional information including a recent audited financial statement.
  - Transtar may require security for accounts maintaining larger balances.
  - Customers with past due balances or NSF checks are not eligible to receive refund checks from Transtar. All credits will be applied to open balances.
  - Transtar is required to collect State and Local Sales Tax for customers unless we have a certificate of exemption on file, or a resale certificate.
  - Incomplete Credit Applications will not be processed.
- The undersigned, the principal and shareholder(s) of said company, expressly agrees to indemnify and hold harmless Transtar Industries, Inc., its affiliates, subsidiaries, successors and assigns, because of extention of credit as contained in this application and in the event the undersigned company fails or refuses to pay any amount due to Transtar, the undersigned principals will pay said amount in full upon demand of Transtar, including all interest, finance charges, and attorney's fees in the event it is necessary for Transtar to employ an attorney or other third party firm to collect same, together with the cost of collection. This application replaces and supercedes any previous credit applications with Transtar, its predecessors, affiliates and subsidiaries.
  - This is to certify that I am a principal of the business and personally guarantee this account.
- Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

Please send application back to the Transtar Region that your business is located in:

Region	Central	Midwest	Northeast	Southeast	West
<b>Fax</b>	256-740-6304	440-201-6025	732-225-4102	256-767-7455	623-848-3164
<b>Phone</b>	800-633-3340	800-359-3339	800-254-0369	800-633-3340	888-676-5660
<b>Location</b>	501 Country Rd. 30 Florence, AL 35634	7350 Young Dr. Cleveland, OH 44146	60 Campus Dr. Edison, NJ 08837	501 Country Rd. 30 Florence, AL 35634	4530 N. 43 <sup>rd</sup> Ave. Phoenix, AZ 85031



Revised 6/18/09