



CREDIT APPLICATION

Account # _____

PAYMENT TERMS REQUESTED: Monthly Charge Weekly Other _____

BILL TO INFORMATION: Corporation Name: _____ Business Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone : (____) _____ - _____ Fax : (____) _____ - _____ Email Address: _____	SHIP TO INFORMATION: Corporation Name: _____ Business Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone : (____) _____ - _____ Fax : (____) _____ - _____ Website Address: _____
BUSINESS INFORMATION: Business type: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corp (LLC) **State of incorporation: _____ <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ Federal Tax ID Number _____ Number of years at this location: _____	
OWNER/OFFICER INFORMATION: Title: _____ Phone : (____) _____ - _____ Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Social Security Number: _____ - _____ - _____ Driver's License Number: _____ ST _____	Title: _____ Phone : (____) _____ - _____ Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Social Security Number: _____ - _____ - _____ Driver's License Number: _____ ST _____
REFERENCES: Bank Name: _____ Bank Contact: _____ Bank's Phone: (____) _____ - _____ Bank Account number: _____ Vendor Name: _____ Contact _____ Phone: (____) _____ - _____ Vendor Name: _____ Contact _____ Phone: (____) _____ - _____	

AGREEMENT

- The undersigned authorizes Transtar Industries, Inc. to investigate the above credit information.
- Accounts not paid in full by the due date are subject to a monthly finance charge of 1.5 % per month.
- 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 extension 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 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 supersedes any previous credit applications with Transtar, its predecessors, affiliates and subsidiaries.

Signed: _____ Print Name _____ Date ____/____/____

Signed: _____ Print Name _____ Date ____/____/____

CONTINUING PERSONAL GUARANTY

- This is to certify that I am a principal of the above business and personally guarantee payment for this account.
- This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by Transtar Industries, Inc. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Signed: _____ Print Name _____ Date ____/____/____

Signed: _____ Print Name _____ Date ____/____/____

Please complete and email to customersetup@transtar1.com or fax to 256-712-4135