



CREDIT APPLICATION

Credit Department: 866-912-5530
Corporate Fax: 817-378-0912

TTI USE ONLY	
Company:	_____
Account #:	_____
Approved Amount:	_____
By:	_____ Date: _____

Please complete all information, sign and return

_____		_____	
Legal Entity Name		Subsidiary or Division of	
_____		_____	
Billing Address	City	State	Zip Code
_____		_____	
Shipping Address	City	State	Zip Code
_____		_____	
Phone Number	Fax Number	Website	

Type of Business: _____	In Business Since (Year): _____
Business is a: Corporation LLC Partnership Proprietorship	
If individual or proprietorship, Social Security #: _____	
State of Incorporation: _____	Organizational I.D. #: _____
Are Purchases Tax Exempt? Yes No (Taxes will be charged unless TTI, Inc. is in receipt of a valid tax exemption certificate.)	
Requested Credit Limit (\$US): _____	PO. Required? Yes No
Send Invoices Via (check one): Email Mail to Billing Address ezBill EDI	
Email Address for Invoices: _____	

Principals of Company:

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

Bank Reference

Bank Name: _____	Contact Name: _____	Title: _____
City: _____	State: _____	Phone: _____ Fax: _____
Checking/Acct #: _____	Borrowing/Acct #: _____	

The undersigned agrees on behalf of the applicant customer: 1) all sales are subject exclusively to TTI, Inc. terms and conditions then in effect, without reservation or substitution; 2) customer agrees to pay all TTI, Inc. billings according to invoiced credit terms; 3) customer will pay all TTI, Inc. costs of collecting any delinquent balance including without reservation, agency and attorney fees; 4) the exclusive venue for any legal action between customer and TTI, Inc. is Tarrant County, State of Texas.

Application is to be signed by an Officer or Authorized Representative of the company.

_____	_____	_____	_____
Printed Name	Signature	Title	Date