

APPLICATION FOR CREDIT

TC Life Safety, Inc.
419 Lincoln Street
Marlborough, MA 01752
Phone & Fax: (800) 837-8175
www.tclifesafety.com

General Information

Business Name _____

Billing Address _____

Phone Number _____ - _____ - _____

Fax Number _____ - _____ - _____

Business Type _____

Fed ID # or SS # _____

D-U-N-S# _____

Date Business Established _____

Estimated Annual Sales \$ _____

Credit Line Requested \$ _____

Corp () Partnership () Proprietorship ()

Tax Exempt? Yes () No () If Yes, attach a copy of your tax certificate. Cert# _____

Principals (Full names of owners or authorized officers)

Name _____ Title/Position _____

Name _____ Title/Position _____

Person who handles your Accounts Payable: _____ Title _____

Contact Phone _____ - _____ - _____ Contact Email _____

Credit References

Company _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Acct# _____ Phone _____ - _____ - _____ Fax _____ - _____ - _____

Company _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Acct# _____ Phone _____ - _____ - _____ Fax _____ - _____ - _____

Company _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Acct# _____ Phone _____ - _____ - _____ Fax _____ - _____ - _____

Bank Reference (Please sign the attached authorization)

Bank Name _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Acct# _____ Phone _____ - _____ - _____ Fax _____ - _____ - _____

Account Type: () Checking () Savings

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Standard payment terms are Net 30 days. Failure to pay within terms may result in the suspension of shipments and/or the account being placed for collection. Collection expenses incurred will be the responsibility of the applicant.

Purchase Orders may be emailed, faxed or mailed to TC Life Safety. All Purchase Orders must be received on company letterhead. Verbal Purchase Orders are not accepted.

Applicant's signature attests financial responsibility, ability, and willingness to pay invoices within 30 days of presentation. The information in this application is provided for the purpose of obtaining credit and is warranted to be true. You, TC Life Safety, are hereby authorized to obtain any information you consider necessary concerning this application. If at any time the account should fall past due, that amount will be subject to interest charges of 1.5% monthly. If it becomes necessary to incur collection costs for any amount due under this agreement, the undersigned promises to pay additional collection costs including reasonable attorney's fees.

Signature (Officer)

Position

Date

Please return by fax to 978-422-0216
ATTENTION: Accounts Receivable