



**TRANSITIONAL SYSTEMS MFG., INC.**

P.O. Box 359, Browns Valley, CA 95918

☎: 530-751-2610

☎: 530-751-2512

✉: tsm@transitionalsystems.com

🌐: www.transitionalsystems.com

## APPLICATION FOR CREDIT

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Date Established: \_\_\_\_\_ Federal ID# \_\_\_\_\_ Resale # \_\_\_\_\_

☐ Corporation ☐ Partnership ☐ Individual ☐ Other \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Purchasing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

If you would like invoices emailed, please check here and provide email address:

☐ \_\_\_\_\_

### Principal Owners or Corporate Officers

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Financial Information

Bank Name: \_\_\_\_\_ Officer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Account#: \_\_\_\_\_

If any party to this agreement institutes any legal proceedings, including arbitration, to enforce or interpret any provision of this agreement, or to sue for damages, the prevailing party shall be entitled to recover reasonable attorney's fees in addition to any other relief to which said prevailing party may be entitled. This provision applies to the entire agreement, and also includes payment of collection costs if the matter is referred to a collection agency. Past due accounts are charged 1.5% per month, 18% per annum. I hereby certify the above information to be true, complete and correct.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_





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Company Name: \_\_\_\_\_

**Trade References**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Branch(es):**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

If more space is needed, or if you have a pre-filled out form with trade references and/or branches listed, please fill out first page and attach to application.

