



CREDIT APPLICATION

Return to: Credit Department

Email: tarantinar@tarantin.com

Fax: 732.866.8407

Name of Firm: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Cell: _____ Manager: _____

Branch Locations: _____

Type or Nature of Business: _____ Years in Business: _____

Name & Address of Principal Owners / Stockholders / Officers:

Dun & Bradstreet ID Number: _____

For Credit Card Accounts Only (Please complete the following section)

Card # _____ Exp. ____ / ____ CVV _____

For Terms Accounts Only (Please complete the following section)

You May Refer To Our Principal Sources Of Supply Listed Below:

Company Name	Contact Phone	Email or Fax

An RGA (Return Goods Authorization) number must be obtained before returning items for credit and are subject to a 15% restocking fee. No credit will be issued on restockable items held more than 60 days. If an item is defective, credit will be issued upon inspection by the Manufacturer. There will be a \$50.00 service fee charged for all return checks. A Finance charge of 1 ½% per month (18%per year) will be assessed on all overdue accounts.

Should it become necessary for Tarantin Industries, Inc to collect overdue balances, the Applicant agrees to all collection costs, and reasonable attorney fees. **We Report to Credit Bureaus.**



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Bank Name: _____

Address (City/State/Zip): _____

Phone: _____ Fax: _____ Contact: _____

Branch Locations: _____

Purpose of this Inquiry: To Apply for Open Credit With Tarantin Industries, Inc.

Net 30 Day Terms with a Credit Line of \$ _____

Please consent and sign below to:

a: Release bank information to Tarantin Industries, Inc. 86 Vanderveer Road, Freehold, NJ 07728

b: And authorization to process this application

Signed By: _____ Date: _____

Print Name: _____ Title: _____

This Credit Application will not be processed without the required signature line above, as well as completed contact reference information to include fax or e-mail.

To be granted credit and Service your needs efficiently, please provide the below requested information completely:

BILLING

Name:			
Address:			
City:	State:	Zip:	County:

SHIP TO

Name:			
Address:			
City:	State:	Zip:	County:

PURCHASING

Contact Name:			
Address:			
City:	State:	Zip:	County:
Phone/Ext:	Email:	Fax:	

ACCOUNTS PAYABLE (This is required)

Contact Name:			
Address:			
City:	State:	Zip:	County:
Phone/Ext:	Email:	Fax:	



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*** Note: PLEASE ADVISE US OF CHANGES IN SHIP TO LOCATIONS WHEN PLACING ORDERS ***

Please Set Our Company Up For ONLINE ORDERING Yes No
(Indication yes authorizes your employees to place orders)

How would you like to receive your Statement and Invoices? (Please mark your preference below)

Email Email Address: _____

Fax Fax Number: _____

US Mail

We are registered in the following states, NJ, NY, PA, MS, KY, MD, MA, AL, ME, VA, NC, GA and FL. A Resale Certificate must be included with this application, otherwise you will be charged sales tax in the states we are registered.

If we are to charge you Sales Tax, please check this box:

Sales Tax Rate: _____ County or Taxing Authority: _____

TARANTIN INDUSTRIES, INC. (INTERNAL USE ONLY)

The above Customer _____ has applied for and requested a Credit limit of \$ _____
I have reviewed this Credit Application for completeness, and all other information made available to me.
I am recommending a Credit limit of \$ _____ based upon this review.

Signature: _____ Print Name: _____ Date: _____

I have reviewed the recommendation above, and I am further approving and/or over-riding the above.
I am recommending a Credit limit of \$ _____ based upon my review of this Credit Application, and all other information made available to me.

Signature: _____ Controller: CFO: Date: _____

Notes: