

TAMCO, INC.

P.O. BOX 371 1466 DELBERTS DR.
MONONGAHELA, PA. 15063
PHONE: (800) 826-2672 OR (724) 258-6622
FAX: (724) 258-6692

NEW ACCOUNT CREDIT APPLICATION

DATE _____

PHONE _____
FAX _____

COMPANY NAME

BILLING ADDRESS _____

SHIPPING ADDRESS _____

ACCOUNTING CONTACT: _____

SALES CONTACT: _____

YEAR BUSINESS BEGAN _____

___ INDIVIDUAL

___ PARTNERSHIP

___ CORPORATION

TRADE REFERENCES

COMPANY NAME _____

ADDRESS _____

PHONE: _____

FAX: _____

COMPANY NAME _____

ADDRESS _____

PHONE: _____

FAX: _____

COMPANY NAME _____

ADDRESS _____

PHONE: _____

FAX: _____

BANK REFERENCE

BANK NAME _____

ADDRESS _____

PHONE: _____

ACCT: _____

I (WE) UNDERSTAND THE TERMS TO BE 1% 10 DAYS, NET 30 AND WILL ADHERE TO SAID TERMS.
THE ABOVE INFORMATION IS TRUE AND SUBMITTED TO THE UNDERSIGNED FOR THE PURPOSE OF
OBTAINING CREDIT. THE UNDERSIGNED AUTHORIZES THE ENTITY TO WHOM THIS APPLICATION IS BEING
MADE TO INVESTIGATE THE REFERENCES LISTED ABOVE.

AUTHORIZED SIGNATURE