



10880 Bekay St
Dallas, TX 75238

214-221-5020 (Phone)
214-221-5040 (Fax)
877-788-8326 (Toll Free)

**APPLICATION FOR CREDIT
TO EXPEDITE PLEASE TYPE OR PRINT APPLICATION**

Company Name: _____

Business Information:

Billing Information:

Address: _____

Address: _____

City, ST, Zip: _____

City, ST, Zip: _____

Telephone #: _____

Telephone #: _____

Fax #: _____

Fax #: _____

Contact Name: _____

Contact Name: _____

Banking Information:

Address: _____

Account Number: _____

City, ST, Zip: _____

Savings Number: _____

Telephone #: _____

Fax #: _____

Contact Name: _____

TYPE OF BUSINESS

DATE BUSINESS ESTABLISHED ____/____/____

INDIVIDUAL PARTNERSHIP LIMITED PARTNERSHIP CORPORATION

OFFICER/OWNERS NAMES/ TITLES/ ADDRESS/ TELEPHONE # (Credit Application will not be considered unless this information is provided)

1) _____

2) _____

If there are any restrictions on persons and/or agents who can act as an agent for your firm, you must notify us in writing.

The undersigned application does hereby certify that the information given is correct and complete and agrees to permit TECO Metal Products, LLC to use this information for obtaining credit information. After verifying attached credit references, this applicant is approved, it is agreed and understood by the Undersigned that all purchases will be PAID IN FULL within 30 days from the invoice date.

BY AUTHORIZED SIGNATURE: _____ DATE: _____

TITLE _____ COMPANY NAME: _____



10880 Bekay St
Dallas, TX 75238

214-221-5020 (Phone)
214-221-5040 (Fax)
877-788-8326 (Toll Free)

TRADE REFERENCES: Please list trade references that you have done business with in the last 6 months. References must be similar in product as you are applying for.

Credit Reference:

Business Name: _____

Address: _____

City, ST, Zip: _____

Telephone #: _____

Fax #: _____

Contact Name: _____

Account #: _____

Credit Reference:

Business Name: _____

Address: _____

City, ST, Zip: _____

Telephone #: _____

Fax #: _____

Contact Name: _____

Account #: _____

Credit Reference:

Business Name: _____

Address: _____

City, ST, Zip: _____

Telephone #: _____

Fax #: _____

Contact Name: _____

Account #: _____

Credit Reference:

Business Name: _____

Address: _____

City, ST, Zip: _____

Telephone #: _____

Fax #: _____

Contact Name: _____

Account #: _____

Expediency of all application approval is based on the accuracy of the above information.

If you are Sales and/or Tax Exempt please forward a copy so that tax will not be charged. If available please provide a copy of your DUN & BRADSTREET (or other) Credit Report.