



10321 Fortune Pkwy Bldg 400 Jacksonville, FL 32256  
 Remit to: PO Box 402554 Atlanta, GA 30384  
 903-731-3034 800-883-7097 Fax 904-730-7747

# Credit Application

Date : \_\_\_\_\_ Store: \_\_\_\_\_  
 Sales: \_\_\_\_\_ Zone: \_\_\_\_\_  
 Class: \_\_\_\_\_ Type: \_\_\_\_\_  
 # of Bays: \_\_\_\_\_ # of Techs: \_\_\_\_\_  
 Pricing: \_\_\_\_\_ Webpro: Y \_\_\_ N \_\_\_

## BILLING INFORMATION

COMPANY NAME \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_  
 P&A CODE: \_\_\_\_\_ Electronic statement: NO \_\_\_ YES: EMAIL \_\_\_ or FAX \_\_\_

## SHIP TO INFORMATION

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_ ZIP \_\_\_\_\_  
 FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

## OWNER / PRINCIPAL INFORMATION

NAME OF OWNER / OFFICER	HOME ADDRESS	DRIVER'S LICENSE	SOCIAL SECURITY NO.

## CREDIT REFERENCES

COMPANY NAME	ADDRESS	TELEPHONE	ACCOUNT NUMBER

REQUESTED ACCOUNT TYPE (SUBJECT TO CREDIT APPROVAL): COD \_\_\_ WEEKLY \_\_\_ MONTHLY \_\_\_  
 PURCHASE ORDER REQUIRED? YES \_\_\_ NO \_\_\_ TAXABLE? YES \_\_\_ OR NO \_\_\_

**TERMS & CONDITIONS AGREEMENT: COD-** Payment required for each purchase at the time of the sale. Weekly- Statement for all purchases will be provided on Monday and due Saturday of that week. Monthly- Statement is mailed on the 1<sup>st</sup> of each month & due within 30 calendar days. All accounts are subject to monthly late fee of 1.5% on all past due balances. The terms of this contract are enforceable in court. All credits, including credits for returns, will be applied to the oldest balance due. Weekly & Monthly: If payments are not made within the schedule listed above, TPH Holdings LLC reserves the right to place the account in COD status without notification requiring payment for future sales. **I authorize TPH Holdings LLC to investigate and verify my individual / company credit and all of the information listed. I agree to the terms listed above and acknowledge that by signing as a representative of the company, the company is agreeing to pay for all purchases in full plus court costs, attorney fees, collection agency fees and other costs in collection of all amounts due.**

\_\_\_\_\_  
 SIGNATURE OF OWNER OR OFFICER OF COMPANY

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 TITLE

**GUARANTEE:** In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit from the date of this application. The undersigned expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee

SIGNATURE (MUST BE OWNER OR OFFICER) \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME AS SIGNED ABOVE: \_\_\_\_\_