



Account No.:

Please type or print in all spaces and complete by having owner sign where indicated. If a corporation, two corporate officers must sign. If a partnership, this application must be signed by all partners.

Date: _____
 Fax: () _____

Name of Company: _____
 Primary Contact: _____
 Primary Contact Ph. _____ Email: _____
 City/State/Zip: _____
 Type of Business: _____

Accounting Contact: _____ Ext: _____
 Email: _____ Fax: _____

Auth. Purch. Agents: _____ Ext: _____
 Email: _____ Fax: _____

Resale Number: _____

Is Your Business (check one): Corporation Partnership Sole Proprietorship Which State: _____

Billing Address: _____
 Shipping Address: _____
 City/State/Zip: _____
 Email address: _____
 Phone: () _____
 Length of Time in Business: _____

SOLE PROPRIETORSHIP OR PARTNERSHIP

Principles/Owners:

Full Name: _____	Title: _____	% of
Address: _____	Phone: () _____	Ownership _____
Full Name: _____	Title: _____	% of
Address: _____	Phone: () _____	Ownership _____
Full Name: _____	Title: _____	% of
Address: _____	Phone: () _____	Ownership _____

CREDIT REFERENCES
 Note: Fax Numbers Must Be Included In Order To Process

Name: _____	Phone Number: () _____
Address: _____	Fax Number: () _____
Name: _____	Phone Number: () _____
Address: _____	Fax Number: () _____
Name: _____	Phone Number: () _____
Address: _____	Fax Number: () _____

BANK REFERENCES

Name of Your Bank: _____ Bank Phone Number: () _____
 Street Address: _____ Checking Acct. Numbers: _____
 City/State/Zip: _____
 Officer or Contact: _____

TO BE COMPLETED BY SALES REPRESENTATIVE

Sales Rep. # _____ Region _____ Class _____ Account Type _____
 Price Class _____ Territory _____ Area _____

I understand that this information will be used to establish check acceptance with TMI Products, Inc. All information given is accurate to the best of my knowledge.

Signature: _____
 Name: _____
 Title: _____
 Date: _____



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