



TBA Warehouse New Customer Setup Form
 2425 E. 30th Street Indianapolis, IN 46218
 Phone: 317-923-2222 Fax: 317-923-2233

Customer Information

Account Name: _____
 Address: _____

 City / State / Zip: _____
 Phone: _____ Fax: _____
 Contact Name: _____ E-mail: _____
 Tax ID: _____

If no Tax ID number then the account must be charged tax

Choose One: ___ Corporation ___ Proprietorship ___ Partnership

If a corporation, state in which incorporated _____

P.O. # Required: ___ Yes ___ No Blanket P.O. # _____

Sales Information

Salesman: _____
 Online? : Yes No

Customer Pay Preferences

Cash Account: ___ Yes ___ No
 Charge Account: ___ Yes ___ No Credit Limit Requested: _____
 Would you like your statement e-mailed or faxed? E-mail _____ Fax _____
 If account is charge, fill out the following:
 Name of Owner(s) (If different from Contact Name above): _____
 Years in Business: _____ Years at Present Location: _____
 References: Business Name / Phone # / Fax# / Contact Name
 1. _____
 2. _____

NET 10th unless otherwise agreed. Interest reimbursement may be charged on any invoices not paid within 30 days. Rate of reimbursement is 2.08% per month or 25% per year or partial month's extension. I/We authorize you to verify this information and/or additional information by securing data from a credit reporting agency. Credit availability and/or termination will be at the discretion of TBA Warehouse. I/We further agree to pay any and all costs of collection, in the event of default, if the account is placed with an attorney or a collection agency. This agreement shall be governed by, construed, and enforced in accordance with the laws of the state of IN. We further acknowledge that credit privileges, if granted, may be withdrawn at any time.

Filling out the fields below guarantees and attest personal financial responsibility, ability, and willingness to pay our invoices in accordance with terms:

(NOTE: If a partnership, all partners must sign. If a corporation, an authorized corporate officer must sign.)

SIGNED: _____
 Authorized Signature Print Name Date

 Authorized Signature Print Name Date