



Billing Data:

Name of firm _____

Billing address _____

Billing contact name _____

Phone number (_____) _____ - _____

Are you purchasing for resale? ___ No ___ Yes (If yes, attach resale certificate); If applicable, attach tax exemption certificate.

Application Information:

Owned by: _____

Officers: Name _____ Title _____

Name _____ Title _____

Duns # _____

Number of years in business _____

Bank References (Acct. #'s must be provided to obtain bank data.)	
Bank name _____	
Bank address _____	
Phone number (_____) _____ - _____	Bank contact name _____
Checking account number _____	
Savings account number _____	
Loan account number _____	

Trade References (provide fax number for a quicker response)

Company name	Address	Phone (P) or Fax (F) #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

TERACAI's payment terms are net 30. A Finance charge of 1.5% per month will be added after 30 Days.

Signature authorizes TERACAI to contact references.

Signature _____ Title _____

Name (print) _____ Date _____