



## New Customer Application

Business Legal Name: \_\_\_\_\_ Branch Location(s)  Yes  No

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address (if different from Physical Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

AP Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Invoices sent to Email address: \_\_\_\_\_

Date Business Opened: \_\_\_\_\_ Annual Sales: \_\_\_\_\_ Amount of Credit Requested: \_\_\_\_\_

Website Address: \_\_\_\_\_ In Shop Service  Mobile Service  Rental

### CREDIT REFERENCES FROM NON AREA DEALERS (MINIMUM OF 4)

Company Name: _____	Company Name: _____
Contact Name: _____	Contact Name: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Company Name: _____	Company Name: _____
Contact Name: _____	Contact Name: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

The terms and conditions appearing below are an integral part of this agreement between the customer and TVH Parts Co., hereinafter referred to as TVH.

1. Sales tax will be charged unless properly executed Certificates of Resale are filed with TVH.
2. All sales are final and no merchandise may be returned unless an TVH employee furnishes a Return Authorization Number. If the return is approved, the customer shall pay the cost of the return and any restocking fee imposed unless a TVH employee otherwise waives the charges.
3. Customer agrees to pay all invoices Net 30 Days from date of invoice. Invoices unpaid thirty-one days after invoice date will be considered past due and continuation of credit terms will be at the discretion of TVH.
4. In the event it becomes necessary for creditor to either bring suit employ a collection agency to aid in the recovery of any debt owed by the debtor, the creditor shall be entitled to recover, in addition to the amount of debt due, all of its costs and attorney's fees.
5. Customer certifies that all information provided on the credit application is true. In return for such extension of credit, customer hereby agrees to all of the foregoing terms and conditions, intending to be legally bound hereby.
6. Purchaser agrees to pay freight and shipping, pursuant to TVH customer-specific freight policies.
7. Prices are subject to change without prior notice. Unless otherwise stated, all prices are in U.S. dollars.
8. \*Credit cannot be granted without a signature acknowledging credit terms.

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Print Officer's Name & Title: \_\_\_\_\_

### BANK REFERENCE/CREDIT APPLICATION

Name of Bank: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Transit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



**CERTIFICATE OF RESALE**

In compliance with Sales and Use Tax Laws it is necessary that we have from all our customers a signed Certificate of Resale, with the State Sales Tax Permit Number, to show that the merchandise has been purchased for re-sale.

The good faith of the seller will be questioned if he has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property.

Please provide your Certificate of Resale indicated the Sales Tax Permit Number, with your signature and address and return to us at once.

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I, \_\_\_\_\_ have attached a signed copy of my Certificate of Resale.

Signature of Officer \_\_\_\_\_ Date: \_\_\_\_\_

Print Officer Name and Title \_\_\_\_\_

If you do not provide a Certificate of Resale we are required to charge sales tax. Please sign and date below.

I, \_\_\_\_\_ do not have a Certificate of Resale.

Signature of Officer \_\_\_\_\_ Date: \_\_\_\_\_

Print Officer Name and Title \_\_\_\_\_

**Do you export goods?      Yes                  No**

**TO CHECK THE STATUS OF YOUR APPLICATION, SEND AN EMAIL TO: [PROSPECT@TVH.COM](mailto:PROSPECT@TVH.COM).**

**FAX APPLICATION TO 913-829-2132**