



Return: Attn Accounting  
Fax: 732-866-8407  
Email: tarantinar@tarantin.com

Credit Application

How did you hear about us?    Mail    Google Search    Google Ad    Facebook Ad    Referral

Name of Firm: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Manager: \_\_\_\_\_

Branch Locations: \_\_\_\_\_

Type & Nature of Business: \_\_\_\_\_ We Have Been Established For: \_\_\_\_\_ Years

The Name & Address of Principal Owners / Stockholders / Officers Are:

\_\_\_\_\_  
\_\_\_\_\_

Dun & Bradstreet ID Number: \_\_\_\_\_

We Bank At

Name: \_\_\_\_\_

Address (C/S/Z): \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Purpose of Inquiry: To Open An Account With Tarantin Industries, Inc.

Net 30 Day Terms With A Credit Line of \$ \_\_\_\_\_. Please use this as authorization to release banking information to Tarantin Industries, Inc. 86 Vanderveer Road, Freehold, NJ 07728

Date: \_\_\_\_\_ Signed By: \_\_\_\_\_ Title: \_\_\_\_\_

You May Refer To Our Principal Sources Of Supply Listed Below:

Company Name	Contact Phone	Fax or Email

An RGA (Return Goods Authorization) number must be obtained before returning items for credit and are subject to a 15% restocking fee. No credit will be issued on restockable items held more than 60 days. If an item is defective, credit will be issued upon inspection by the Manufacturer. There will be a \$50.00 service fee charged for all return checks. A Finance charge of 1 1/2% per month (18% per year) will be assessed on all over due accounts.

Should it become necessary for Tarantin Industries, Inc to collect overdue balances the Applicant is responsible for all collection costs and reasonable attorney fees.

*We Report to the Credit Bureau*

Date: \_\_\_\_\_ Signed By: \_\_\_\_\_ Title: \_\_\_\_\_

In order for Tarantin Industries, Inc. to Service your needs efficiently please provide the following information:



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**BILLING**

NAME:			
ADDRESS:			
CITY,	STATE	ZIP	COUNTY

CREDIT CARD: \_\_\_\_\_ EXP. \_\_\_\_\_ CVV \_\_\_\_\_  
 If you'll be paying by credit card

**SHIP TO**

NAME:			
ADDRESS:			
CITY,	STATE	ZIP	COUNTY

**PURCHASING**

CONTACT:		
ADDRESS:		
CITY, STATE ZIP:		
PHONE/EXT:	FAX:	EMAIL:

**ACCOUNTS PAYABLE**

CONTACT:		
ADDRESS:		
PHONE/EXT:	FAX:	EMAIL:

\*\*\* Note: PLEASE ADVISE US OF CHANGES IN SHIP TO LOCATIONS WHEN PLACING ORDERS.

**Please set Our Company up for *ONLINE ORDERING*** Yes  No

(marking yes authorizes your employees to place orders online)

**How would you like to receive your Statement and Invoices? Please mark your preference below.**

<b>Email</b>	<input type="checkbox"/>	<b>Email Address</b>	<input type="checkbox"/>
<b>Fax</b>	<input type="checkbox"/>	<b>Fax Number</b>	<b>US Mail</b> <input type="checkbox"/>

We are registered in the following states, NJ, NY, PA, MS, KY, MD, MA, AL, ME, VA, NC, GA and FL. A Resale Certificate must to be included with this application, otherwise you will be charged sales tax in the states we are registered.

**If we are to charge you Sales Tax please check the Box.**

<b>Sales Tax Rate:</b>	<b>County:</b>
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