



**NEW CUSTOMER APPLICATION**  
(Information on this document will remain confidential)

|                                                                                                                                                                                  |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Date</b>                                                                                                                                                                      |                                                          |
| <b>CORPORATE NAME AND ADDRESS</b>                                                                                                                                                |                                                          |
| <b>Legal Name</b>                                                                                                                                                                |                                                          |
| <b>Trade name</b>                                                                                                                                                                |                                                          |
| <b>Address</b>                                                                                                                                                                   |                                                          |
| <b>City/State/Zip</b>                                                                                                                                                            |                                                          |
| <b>Phone #</b>                                                                                                                                                                   |                                                          |
| <b>Fax #</b>                                                                                                                                                                     |                                                          |
| <b>Email Address</b>                                                                                                                                                             |                                                          |
| <b>Year business established</b>                                                                                                                                                 |                                                          |
| <b>Number of years under present ownership</b>                                                                                                                                   |                                                          |
| <b>Federal ID #</b>                                                                                                                                                              |                                                          |
| <b>D&amp;B #</b>                                                                                                                                                                 |                                                          |
| <input type="checkbox"/> Service location same as corporate address<br><input type="checkbox"/> See page 3 for individual service locations                                      |                                                          |
| <b>ACCOUNTS PAYABLE/BILLING INFORMATION</b>                                                                                                                                      |                                                          |
| <b>A/P Contact</b>                                                                                                                                                               |                                                          |
| <b>Name</b>                                                                                                                                                                      |                                                          |
| <b>Phone #</b>                                                                                                                                                                   |                                                          |
| <b>Fax #</b>                                                                                                                                                                     |                                                          |
| <b>Email Address</b>                                                                                                                                                             |                                                          |
| Are Purchase Orders Required?                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is applicant sales tax exempt?                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (If yes, must attach a sales tax exemption certificate)                                                                                                                          |                                                          |
| <b>Billing Address</b>                                                                                                                                                           |                                                          |
| <b>City/State/Zip</b>                                                                                                                                                            |                                                          |
| <b>Email Address</b>                                                                                                                                                             |                                                          |
| <b>Check appropriate box for preferred billing method</b>                                                                                                                        |                                                          |
| <input type="checkbox"/> Above Address <input type="checkbox"/> Corporate Address<br><input type="checkbox"/> Individual Store Locations<br><input type="checkbox"/> Credit Card |                                                          |
| <b>CC Contact Name</b>                                                                                                                                                           |                                                          |
| <b>CC Contact Phone Number</b>                                                                                                                                                   |                                                          |
| <b>Preferred method of invoice delivery</b>                                                                                                                                      |                                                          |
| <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Online - Attach instructions                                                               |                                                          |

|                                                                       |                             |
|-----------------------------------------------------------------------|-----------------------------|
| <b>Customer Credit Limit Requested</b>                                |                             |
| <b>PRIMARY CONTACT</b>                                                |                             |
| <b>Name</b>                                                           |                             |
| <b>Phone #</b>                                                        |                             |
| <b>Fax #</b>                                                          |                             |
| <b>Email Address</b>                                                  |                             |
| <b>Would you like to receive Summary of Work Performed?</b>           |                             |
| <input type="checkbox"/> Yes, above email <input type="checkbox"/> No |                             |
| <input type="checkbox"/> Yes, different email                         |                             |
| <b>Additional Email</b>                                               |                             |
| <b>QUOTE/NTE APPROVAL CONTACT</b>                                     |                             |
| <b>Name</b>                                                           |                             |
| <b>Phone #</b>                                                        |                             |
| <b>Fax #</b>                                                          |                             |
| <b>Email Address</b>                                                  |                             |
| <b>Same as primary contact</b>                                        | <input type="checkbox"/> No |
| <b>TWCSI USE ONLY</b>                                                 |                             |
| <b>Customer #</b>                                                     |                             |
| <b>Customer Credit Limit</b>                                          |                             |
| <b>Per Location Credit Limit</b>                                      |                             |
| <b>Sales Person</b>                                                   |                             |
| <b>Completed by</b>                                                   |                             |
| <b>Labor</b>                                                          |                             |
| <b>Material</b>                                                       |                             |
| <b>Travel at Prevailing Rates/Portal to Portal Afterhours</b>         | <input type="checkbox"/>    |
| <b>One Time Trip Charge / Portal to Portal Afterhours \$</b>          |                             |
| <b>NTE Limit</b>                                                      |                             |
| <b>Customer Communication on File</b>                                 | <input type="checkbox"/>    |



**TRADE REFERENCES**

(Suppliers with whom you have conducted business for at least 1 year and in a dollar amount equal to the requested line of credit. Food and Alcohol references are typically not a good trade reference. )

|                                   |  |
|-----------------------------------|--|
| <b>Company Name</b>               |  |
| <b>Address</b>                    |  |
| <b>City/State/Zip</b>             |  |
| <b>Contact Person</b>             |  |
| <b>Number of Years Associated</b> |  |
| <b>Phone #</b>                    |  |
| <b>Fax #</b>                      |  |
| <b>Email Address</b>              |  |

|                                   |  |
|-----------------------------------|--|
| <b>Company Name</b>               |  |
| <b>Address</b>                    |  |
| <b>City/State/Zip</b>             |  |
| <b>Contact Person</b>             |  |
| <b>Number of Years Associated</b> |  |
| <b>Phone #</b>                    |  |
| <b>Fax #</b>                      |  |
| <b>Email Address</b>              |  |

|                                   |  |
|-----------------------------------|--|
| <b>Company Name</b>               |  |
| <b>Address</b>                    |  |
| <b>City/State/Zip</b>             |  |
| <b>Contact Person</b>             |  |
| <b>Number of Years Associated</b> |  |
| <b>Phone #</b>                    |  |
| <b>Fax #</b>                      |  |
| <b>Email Address</b>              |  |

|                                   |  |
|-----------------------------------|--|
| <b>Company Name</b>               |  |
| <b>Address</b>                    |  |
| <b>City/State/Zip</b>             |  |
| <b>Contact Person</b>             |  |
| <b>Number of Years Associated</b> |  |
| <b>Phone #</b>                    |  |
| <b>Fax #</b>                      |  |
| <b>Email Address</b>              |  |

**PAYMENT TERMS**

Payment is due upon receipt of invoice. All amounts not paid within 30 days of the invoice date are subject to a 6% service charge. Any accounts reaching 60 days past due are subject to collection proceedings. If Customer should fall behind these standard terms, TWC Services, Inc. reserves the right to deny services.

**Applicant's Certification Agreement and Authorization to Release Information**

I hereby certify that the information in the credit application is correct. If failure to pay according to the terms of this Agreement causes our account to be assigned or referred to an attorney for collection, then we agree to pay all reasonable collection costs including attorney fees and court costs.

Further, I authorize supplier references listed in this credit application to release the information necessary to assist TWC Services, Inc. in determining the amount and conditions of credit to be extended. We fully understand TWC Services, Inc. credit terms and agree to payment in consideration of extended credit.

**Applicant's Name**

\_\_\_\_\_

**By**

\_\_\_\_\_  
Officer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date