



Account Application

TB Philly, Inc.
 400 Thoms Drive Suite 411
 Phoenixville, PA 19460
Phone: (610) 482-6000 **Fax:** (610) 933-4710

Sales Rep Code: _____

Date Approved: _____

Customer #: _____

Terms: (CC or **Net 30** or _____)

Please Tell Us About Your Company:

| | | | |
|--------------------------|-------------------------|-------------------|----------------|
| Company Name: | | Sales Rep: | |
| EIN/Tax ID: | | | |
| Mailing Address: | | | |
| City: | State: | Zip: | County: |
| Shipping Address: | | | |
| City: | State: | Zip: | County: |
| Primary Phone: | Secondary Phone: | | |
| Primary Fax: | Secondary Fax: | | |
| Email Address: | Website: | | |

| | | | |
|-----------------------------|--|-----------------|--|
| Tax Status: | <i>Taxable - Resale - Exempt</i> | County: | If exempt or resale, please attach certificate |
| Estimated Purchases: | <i>Monthly</i> | <i>Annually</i> | |
| Have You: | <i>Dealt with us previously? Yes or No. If yes, please provide date.</i> | | <i>Filed for bankruptcy? Yes or No?</i> |

Please Provide References: Attach Listing if Available

| Type <small>(Bank or Trade)</small> | Name | Address | Contact | Phone/Fax |
|--|------|---------|---------|-----------|
| | | | | P: F: |
| | | | | P: F: |
| | | | | P: F: |
| | | | | P: F: |

Bank Information:

| | | | |
|----------------------------|--|----------------------|--|
| Bank Name: | | Contact Name: | |
| Address: | | Account #: | |
| | | Phone # : | |
| City, State and Zip | | ABA #: | |

Please Advise Us of Special Requirements:

| | |
|--------------------------|--|
| Purchase Orders: | |
| Billing: | |
| Authorized Buyer: | |
| Other: | |

Terms of Account:

By submitting this application, you warrant that the information provided is complete and correct. If credit is desired, you authorize TB Philly, Inc. to make inquiry to the references named above. You further agree to be bound by the terms and conditions herein. You agree that you are responsible for the correct description and quantity of products you order. You will be provided with an order acknowledgement, and any necessary corrections must be made *prior to* the earlier of shipment or within 72 hours of order. Returns of resalable products must be pre-approved and occur within the published or stated shelf life of the product, but no later than ninety (90) days of shipment to you. Except for defective products, a restocking charge of 15 to 25% (but no less than \$25.00 per item) will be made. You agree to be responsible for the original freight charges. No returns will be allowed for any special order products.

For customers who make purchases by credit, our terms are 30 days net. Any charges not received within forty-five (45) days are subject to a late charge of 1½% per month or fraction thereof. Should you default on any payment required by these terms, we may at our option; cancel any unfilled portion of any outstanding order, and at our option, all sums then outstanding shall become immediately due and payable. In the event it becomes necessary to refer this account for collection, you agree to pay all costs, including court costs and reasonable attorney's fees. You further agree that jurisdiction is in accordance with the laws of the commonwealth of Pennsylvania and that Montgomery County, Pennsylvania shall be venue for litigation.

The undersigned represents that he/she has the lawful authority to bind the applicant to term recited herein.

Signed: _____

Title: _____

Dated: _____