

Timco Rubber Products Inc. Credit Application									
Business Contact Information									
Contact and Title:									
Company Name:									
Registered Company Address:									
City:		State:		Zip:					
Phone:		Fax:		Email:					
Date Business Commenced:									
Sole Proprietorship:			Partnership:		Corporation:		Other:		
Business and Credit Information									
Primary Business Address:									
City:		State:		Zip:					
Phone:		Fax:							
Bank Name:			Bank Contact:						
City:		State:		Zip:					
Phone:		Fax:							
Type of Accounts:	Savings		Checking		Other				
Business and/or Trade References									
Company Name:					Contact:				
City:		State:		Zip:					
Phone:		Fax:		Email:					
Company Name:					Contact:				
City:		State:		Zip:					
Phone:		Fax:		Email:					
Company Name:					Contact:				
City:		State:		Zip:					
Phone:		Fax:		Email:					
Agreement									
1. All invoices are to be paid 30 days from the date of the invoice. 2. By submitting this application you authorize Timco Rubber Products Inc. to make inquiries to the business, banking and/or trade references you have supplied.									
Signature									
Sign:									
Title:									
Date:									

Fax to 216-267-6245 Attn: Accounts Receivable Thank you.