

Titanium Processing Center
51513 Industrial Drive
PH# 586-716-7555 Fax# 586-716-8430
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name:			
Title:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
Billing Address:			
Telephone:	Fax:	E-mail:	
Accounts Payable Contact:			
Bank name:			
Bank address:	City:		
State:	Zip Code:	Phone:	
Fax:	Contact Name:	Account #:	
Account #:	Fed ID #:	D&B #:	

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Type of Business:	
Type of account:			
Company Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	Type of Business:	
Type of Account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Type of Business:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Type of Business:	
Type of account:			

AGREEMENT

1. All invoices are to be paid **30 days** from the date of the invoice.
2. Claims arising from invoices must be made within **7 working days**.
3. By submitting this application, you authorize Titanium Processing Center, to make inquiries into the banking and business/trade references that you have supplied.
4. All checks not honored by your bank will be subject to a **\$25.00 returned check fee**.

SIGNATURES

TITLE & DATE: