



**TOTAL
MAINTENANCE
SOLUTIONS**
People. Knowledge. Service

When completed, return or fax to address above. Email to: tammy@tmssouth.com

Remittance Address: TMS South, Inc., P.O. Box 68
Taylors, SC 29687
Toll-Free Phone: 800/476-2212
FAX: 864/770-1105

CREDIT APPLICATION

| | | |
|---|-----------------------|---------------|
| Business Name: | | |
| Mailing Address: | | |
| Shipping Address: | | |
| Business Phone: | Business Type: | Date Started: |
| Management Company: | | |
| Management Company Phone | Name of Administrator | |
| Method of Receiving Invoices: <input type="checkbox"/> Mail <input type="checkbox"/> Fax: <input type="checkbox"/> Email: (address) | | |
| Is a PO required? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Tax Information: <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt | | |
| If tax exempt, please fax "Blanket Certificate of Resale" to 864/770-1105 | | |
| County Name & Tax Rate: | | |
| City Name & Tax Rate: | | |
| Principal Owner(s) or Officer(s): | | |
| Name: | Phone: | |
| Name: | Phone: | |
| Bank Reference: | | |
| Name: | Title: | |
| Address: | Phone: | |
| Trade References: | | |
| Company/Contact: | Email: | |
| Address: | Phone: | |
| Company/Contact: | Email: | |
| Address: | Phone: | |
| Company/Contact: | Email: | |
| Address: | Phone: | |
| <i>Terms: 1% 10 Days, Net 30 on all invoices</i> | | |
| Name of Individual Applying: | Title: | |
| Signature | Date | |

FOR OFFICE USE ONLY: TERRITORY: _____

TMS South, Inc.'s standard payment terms are net 30 days from the invoice date. Customer agrees to pay upon demand at any time to TMS South, Inc. the full amount of said indebtedness, plus attorney's fees, and costs incurred in connection with the collection of the account, whether or not suit is filed.