

Warehouses Located in:

Beaumont, Texas
Canyon, Texas
Corpus Christi, Texas
Dallas/Ft. Worth, Texas
Odessa, Texas



Accounting Dept.

Telephone 682-518-0919

Fax 817-274-2650

Toll Free 888-261-6360

Email:

Accounting@ThermalScientific.com

Application for Terms of Credit

Date: _____ Company Name: _____ Thermal Sales Rep. _____

Billing Address	Shipping Address
Street:	Street:
City:	City:
State: Zip:	State: Zip:

Accounts Payable Contact (Name, Phone, Email, & Fax):

Preferred Method for Receiving **Invoices**: Mail ►► Email ►► If Email, please provide that address below:

Preferred Method for Receiving Monthly **Statements**: Mail ►► Email ►► If Email, please provide that address below:

**If you prefer ACH or direct deposit payments, please provide us with your Set-Up form.*

Tax Status: Taxable Nontaxable (Attach a Copy of your Tax Exempt Certificate or Resale Certificate) Please

Check One: Sole Proprietor Partnership Corporation LLC

Applicant Email: _____

Phone Number: _____ Fax Number: _____

Years in Business: _____ Name of Owner or Corporate Officers: _____

Industry/Type of Business: _____ Related companies/predecessors? _____

Bank (Name, Phone, Email & Fax) _____

3 Credit References (Name, Phone, Email & Fax)

1. _____
2. _____
3. _____

For the purpose of obtaining credit, I, the undersigned applicant, represent the foregoing statement to be true, correct and complete. I agree that the holder of this application may verify or authorize others to verify all information.

Credit Policy: I agree that all invoices will be paid upon receipt or within **30 days**, and that all invoices will be considered past due after 30 days. Also, if not paid on demand, I agree to pay reasonable attorney fees, court costs, and collection expenses to Thermal Scientific, Inc. I further agree that I will be responsible for any charges incurred by my employees for repairs or purchases pertaining to my business. *Please fax completed application to: 817-274-2650*

This certifies that I have the authority and agree to all above. **SIGNATURE** _____

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