



4404 WINDFERN ROAD
HOUSTON, TEXAS 77041

MAIN 832.467.5400
FAX 832.467.5454
TOLL FREE 800.392.3655

Dear Customer,

Thank you for your interest in TS Distributors' products and services. Please find attached: our credit application and sales tax exemption certificate.

Please complete and return to our Credit Department via fax at 832-467-5454. Please note in order to process your application we are required to have an officer or owner sign our application agreeing to our terms. If you have any questions, please contact our Credit Department at 832-467-5407. Please fax back to 832-467-5454 Attn: Credit Department.

Again, thanks for your interest in TS Distributors, Inc. We look forward to doing business with you.

Sincerely,

TS Distributors

TS Distributors, Inc.



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Application for Credit

Company Name _____ EIN # _____

Address _____

City _____ County _____ State _____ Zip _____

Telephone # (____) _____ - _____ Fax # (____) _____ - _____

P.O. Box _____ City _____ State _____ Zip _____

We are in the business of _____

As a __ Corporation, __ Partnership, __ Proprietorship. Under present ownership since: _____

Principals/Officers

Name _____ Title _____

Social Security # (not required if business is a corporation): _____

Name _____ Title _____

Social Security # (not required if business is a corporation): _____

Approximate Monthly Credit Requirements \$ _____

Do you require Purchase Orders? _____ Yes _____ No

Please describe any other special requisition requirements: _____

Bank References

By listing their names, you authorize us to contact them for the purpose of obtaining your credit status.

Principal Business Bank _____ Telephone # (____) _____ - _____

Address _____

City _____ State _____ Zip _____

Officer _____ Type of Acct. _____ Account No. _____

Other Business Bank _____ Telephone # (____) _____ - _____

Address _____

City _____ State _____ Zip _____

Officer _____ Type of Acct. _____ Account No. _____

TS Distributors, Inc.



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Credit References

PLEASE LIST ACCOUNTS ONLY.

BY LISTING THEIR NAMES, YOU AUTHORIZE US TO CONTACT THEM FOR THE PURPOSE OF OBTAINING YOUR CREDIT STATUS.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone # (____) _____ - _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone # (____) _____ - _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone # (____) _____ - _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone # (____) _____ - _____

***BY LISTING THE NAMES ABOVE, YOU HAVE AUTHORIZED US TO CONTACT THEM FOR THE PURPOSE OF OBTAINING YOUR CREDIT STATUS.**

Terms

Entire Payment due in 30 days unless otherwise stated. Past due accounts are subject to interest charges, collection fees, court, and legal fees. (I) We understand, acknowledge, and accept the terms of sale and certify that the information given herein is true and correct.

Company Name _____

Signature _____ Title _____

Print Name _____ Date _____

Guarantee

In consideration of TS Distributors, Inc. extending credit hereunder, the undersigned, jointly and severally, and unconditionally guarantee and promise to pay TS Distributors, Inc., on demand any and all indebtedness of the above named applicant to TS Distributors, Inc.. This is a continuing guarantee, and the obligations created hereby are unaffected by any change in terms of the original indebtedness between TS Distributors, Inc. and the above named applicant save that of payment.

Signature _____ Social Security # _____

Please address all correspondence to: Credit Dept. * TS Distributors, Inc., P.O. Box 431133, Houston, Texas 77243

PRIVACY RELEASE

I/We have made application to TS Distributors, Inc. to be established as a customer for the product lines they distribute and requested service on an open account basis.

In this regard, I/We authorize the firm to investigate the references submitted pertaining to my/our credit and financial responsibility.

Company: _____

Address: _____

City/State/Zip: _____

Authorized Signature: _____

Print Name/Title: _____

Date: _____

Please return this form with your credit application.



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Texas Sales Tax Resale Certificate

Name of Purchaser, Firm, or Agency

Phone (Area Code & #)

Address (Street & Number, P.O. Box or Route Number)

City, County, State, Zip Code

Texas Limited Sales Tax Permit Number (or Out-of-state retailer's registration number or date applied for Texas Permit)

I, the purchaser above, claim the right to make a non-taxable purchase for resale of the taxable items described below or on the attached order or invoice from:

TS Distributors, Inc.
P.O. Box 431133
Houston, TX 77243

Description of the items to be purchased, or on the attached order or invoice:

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

The taxable items described above, or on the attached order or invoice, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions, in its present form or attached to other personal property to be sold.

I understand that if I make any use of the item other than retention, demonstration or display while holding it for sale, lease or rental, I must pay sales tax on the item at the time of use based upon either the purchase price or the fair market rental value for the period of the time used.

I understand that it is a misdemeanor to give a resale certificate to the seller for taxable items which I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease, or rental, and that upon conviction I may be fined not more than \$500 per offense.

Purchaser Signature

Title

Date

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.