Offices Located in:
Amarillo, Texas
Beaumont, 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: AR@ThermalScientific.com

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Date:	Company Name:	Thermal Sales Rep.

	Billing Address	Shipping Address	
Street:		Street:	
City:		City:	
State:	Zip:	State: Zip:	
Accounts Payable Conf	ract (Name, Phone, Email, & Fax):		
Preferred Method for F	eceiving Invoices: Mail 2 Email 2 If Er	mail, please provide that address below:	
Preferred Method for F	eceiving Monthly <b>Statements</b> : Mail ② E	Email 2 If Email, please provide that address below:	
**If you prefer ACH (	or direct deposit payments, please p	rovide us that Set-Up form.	
Tax Status: Taxable	Nontaxable (Attach a Cop	by of your Tax Exempt Certificate or Resale Certificate)	
Please Check One: So	e Proprietor Partnership Co	orporation	
Applicant Email:			
Phone Number:		Fax Number:	
		e of Owner or Corporate Officers:	
		Related companies/predecessors?	
Bank (Name, Phone, En	nail & Fax)		
3 Credit References (N:	me, Phone, Email & Fax)		
5 Credit Nererences (Ne	me, mone, email & raxy		
1			
2			

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 cost, 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 or email a completed application to: (817) 274-2650 or ar@thermalsci.com

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

SIGNATURE	
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