



TOBACCO EDUCATION CLEARINGHOUSE OF CALIFORNIA (TECC)
(831) 258-9090 ext. 103 FAX (831) 438-1442 Email: teccorder@tecc.org

CONFIDENTIAL CREDIT APPLICATION

To apply for a credit account, please complete this form and fax or email it to us.

1. Standard terms and conditions of sale: Material sold by ETR Associates, Inc. is subject to terms and conditions set forth below. Any different or additional terms or conditions set forth in buyer's purchase order or similar communication are objected to and shall not be binding unless agreed in writing by an authorized officer of ETR Accounting.

2. Payment terms: Sales Tax will be charged to all California purchases, unless resale permit information is provided. All invoices are due and payable within 30 days of the shipment of order. Shipping and handling will be charged on all orders. All terms are subject to change without notice. All accounts unpaid after 60 days may be sent to a collection agency.

3. Applicant further agrees: To pay all collection costs, including attorney's fees and court costs, if it is necessary to take legal action on past due accounts.

Applicant in consideration of the extension of credit by ETR Associates, Inc. agrees to the above terms and conditions. We look forward to working with you. Thank you.

Organization/Business Name: _____ Date Established: _____

Street Address: _____ Suite #: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Corporation () Sole Owner () Partnership () Federal Tax ID or Social Security #: _____

Owner/Officer Names: (1) _____ (2) _____

Mailing Address: _____ Suite #: _____ City: _____ State: _____ Zip: _____

Principal Bank Name: _____ Branch: _____

City: _____ State: _____ Phone: _____ Credit Amount Requested: _____

Name and Title of Person Authorized to Sign P.O.: _____
(Please attach a separate page if more than one name)

Accounts Payable Contact: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Billing Address: _____ Suite #: _____ City: _____ State: _____ Zip: _____

Shipping Address/Street: _____ Bldg/Suite #: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

This Form is Completed By: _____ Phone: _____

TRADE REFERENCES

Please attach a separate page with the names, addresses and phone numbers of three of your vendor/trade references.