



1912 East 123rd  
Olathe, KS 66061  
Phone: 913-764-8088  
Fax: 913-390-0075

## Tompkins New Customer Credit Application

Please complete this form to request credit terms with Tompkins Industries. Upon submission, a Tompkins representative will contact you for confirmation. Please type or print legibly – incomplete applications will not be accepted.

### Contact Information

Company Name \_\_\_\_\_

### Business Information

Type of business (**circle one**):      Dealer/Distributor      MRO      OEM      End User      Other

Annual adapter/fitting purchases (**circle one**):    Under \$1K      \$1K - \$10K      \$10K - \$50K      \$50K or more

Years in business (**circle one**):    Less than 1 year      1-3 years      3-5 years      5-10 years      10+ years

Number of locations \_\_\_\_\_

Website \_\_\_\_\_

### Other Suppliers

Current primary fitting vendor \_\_\_\_\_

Current primary hose vendor \_\_\_\_\_

Additional Information/Comments \_\_\_\_\_

\_\_\_\_\_

### Billing Information

Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



☐ **Shipping Information** – Check if Same as Billing

Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## State Sales Tax

Please note: For customers who do business in **California, Indiana, Iowa, Kansas, Missouri, North Carolina, Ohio** or **Texas**, please fax a copy of your **Exemption Certificate** to 913-390-0075. You will be charged sales tax if Tompkins does not have your Exemption Certificate on file, for these states.

State Sales Tax Exemption Number \_\_\_\_\_

Years in Business \_\_\_\_\_ Bank Name \_\_\_\_\_

## Credit References – Please provide at least 3 references

1. Name \_\_\_\_\_

Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

2. Name \_\_\_\_\_

Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

3. Name \_\_\_\_\_

Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_



## Additional Information

Purchasing Contact Name \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

How did you hear about Tompkins? \_\_\_\_\_

Customer wants invoicing delivered via: **(please circle one)**      Fax              Email

Email address for invoicing purposes: \_\_\_\_\_

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### *For Internal Tompkins Office Use*

Date: \_\_\_\_\_

Catalogs sent: \_\_\_\_\_

Multiplier given: \_\_\_\_\_

Info taken by: \_\_\_\_\_