

TAKER #: _____



INDUSTRIES, INC.
"THE ADAPTER SPECIALISTS"

NEW CUSTOMER CREDIT APPLICATION

COMPANY NAME _____

Check if Same as Billing

BILL TO: _____	SHIP TO: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____

****PLEASE PROVIDE AT LEAST 3 CREDIT REFERENCES****

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

FAX: _____

NOTE: IF YOU LIVE IN CA, IA, KS, MO, NC, OH, TX, PLEASE FAX A STATE SALES TAX EXEMPTION FORM. YOU WILL BE CHARGED TAX IF NOT PROVIDED.

STATE SALES TAX EXEMPTION #: _____ YEARS IN BUSINESS: _____ BANK: _____

NEW CUSTOMER PRE-QUALIFIER QUESTIONS

CONTACT NAME (BUYER): _____

ACCOUNTS PAYABLE CONTACT: _____

HOW DID YOU HEAR ABOUT TOMPKINS? _____

TYPE OF BUSINESS (circle one): O.E.M.; DISTRIBUTOR; MRO; END USER

ANNUAL ADAPTER PURCHASES: _____

CURRENTLY BUYING FROM: _____

(Note: Please be specific)

IF O.E.M. ASK ABOUT HOSE ASSEMBLY (If not a Distributor) _____

WEBSITE ADDRESS: _____

Customer wants invoicing by: (Please choose one)

FAX E-MAIL EMAIL ADDRESS: _____

DATE: _____ MULTIPLIER GIVEN: _____

CATALOGS SENT: _____ INFO TAKEN BY: _____

FAX COMPLETED FORM TO 913-390-2381

P.O. BOX 2110 • OLATHE, KS 66051-2110 • PHONE: 913-764-8088 ext 2310, 2311 or 2312