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| **Credit Application**  **TransArmour Solutions** |  |

4307 Highway 80| Pelahatchie, MS 39145

Phone: 601-854-4030 | support@transarmour.solutions| transarmour.solutions

# Please return credit application to [cwyatt@transarmour.solutions](mailto:cwyatt@transarmour.solutions)

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| --- | --- | --- | --- |
| Title: | | | |
| Company name: | | | |
| Phone: | Fax: | | |
| Physical address: | | | |
| City: | | State/Zip: | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |
| BILLING INFORMATION | | | |
| Bill to address: | | | |
| City:  State: | | State | ZIP Code |
| Accounts Payable Contact Name, Phone & Email: | | | |
| Name: | Telephone: | E-mail: | |
| Email Invoices to: | | | |
| Purchase Order Required? Yes NO | | TAX ID# | |
| Are you Sales Tax Exempt?  State: | | Yes | No |
|  | \*\*If Yes – please make sure to attach any sales tax exemption forms | | |

Terms Agreement: I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended.

|  |  |  |
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| Signature: |  | Date signed: [Date] |