

Application for Credit



Date _____

Company Name _____

Phone _____ Fax _____

Mailing Address _____

Street Address _____

City _____ State _____ Zip _____

Federal ID# _____

Business Classification _____

SIC Code _____ NAICS Code _____

Date Established _____

Trade References

Company Name _____

Email address _____ Phone _____ Fax _____

Company Name _____

Email address _____ Phone _____ Fax _____

Company Name _____

Email address _____ Phone _____ Fax _____

Please note our Terms are NET 30.

I hereby certify that all information on this form is correct.

This form must be signed in order to be processed.

Signature _____ Title _____

Please return to: Debbie@tewescorp.com or 262-547-8803