

TWIN STATE TRAILERS

Charge Account Application for Service & Parts

8621 Statesville Road
Charlotte, NC 28269

Phone (704) 295-4259 Fax (704) 295-4387

DavidM@TSTrailer.com

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Phone: _____ Fax: _____

Contact for invoicing/payment Name: _____

Phone: _____ Email: _____ Fax: _____

Preferred method of receiving invoices: US Mail Email: _____

Credit line requested \$ _____

Is a purchase order required? Yes No

Is the company tax exempt? Yes No *If yes, please attach exemption form with application.

Federal Tax ID Number: _____ How Long in business: _____

Trade References

Name: _____

Contact: _____

Phone: _____

Email: _____

Name: _____

Contact: _____

Phone: _____

Email: _____

Name: _____

Contact: _____

Phone: _____

Email: _____

X _____

(Signature of company officer or authorized agent)

(Date)