



CREDIT ACCOUNT APPLICATION
CONFIDENTIAL DOCUMENT

Return application to the address below:

Credit Manager
2025 Centre Pointe Boulevard
Mendota Heights, MN 55120-1221
Email: credit@tccmaterials.com

Phone: 651-688-9292

PLEASE FILL OUT THE FOLLOWING INFORMATION

Thank you for your interest in doing business with us.

The following application must be filled out completely. Submission of this application does not guarantee credit will be granted to all companies. Documents sent electronically may be used as an original. Complete fully and have all owners and officers sign to prevent any delays in processing.

If you have already been working with a sales rep, please list here: _____

CUSTOMER INFORMATION

Legal Customer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Phone: (_____) _____ Fax: (_____) _____

Website: _____

Date started or incorporated: _____

Federal Tax ID No. (Required) _____

State of Registration or Incorporation: _____

Sales Tax Exempt: Yes No

Corporate Status:

- Corporation
 Partnership
 Sole Proprietor
 LLC
 Other: _____ (please specify)

Business Classification:

- Contractor
 Dealer
 Other: _____ (please specify)

If yes, a copy of your tax exemption certificate must be included with this application. *Please note: Tax Exemption forms for project-specific exemptions must be submitted prior to the start of a project.*

Select the type of credit you are applying for:

- Credit Terms - Anticipated credit need: \$ _____
 COD/Credit Card Only (pay at time of order)

Do you require a Purchase Order: No Yes

All invoices are sent via email and can be accessed through an online portal. Provide the email invoices should to be sent.

Email: _____

Accounts Payable Contact:

Name: _____
Phone: _____
Email: _____

Purchaser/Sales Contact:

Name: _____
Phone: _____
Mobile: _____
Email: _____

Primary Purchasing Region (States, Counties, Cities, etc.): _____

Please select the products and/or services you are interested in purchasing.

- Aggregates
 Architectural Block & Precast
 Concrete Masonry Units (CMU)
 Concrete Pumping & Conveying
 Concrete, Hardscape & Masonry Supplies
 Curing & Sealing Compounds
 Hardscape & Landscape Products
 Packaged Cement Products
 Precast Concrete Products
 Ready-Mixed Concrete
 Repair & Restoration Products
 Sealants & Mastics
 Stone & Brick
 OTHERS: _____

For each officer, shareholder, partner, or owner please provide the information requested below:

1. Owner/Officer: _____
Title: _____ Social Security # _____
Residential Address: _____
2. Owner/Officer: _____
Title: _____ Social Security # _____
Residential Address: _____
3. Owner/Officer: _____
Title: _____ Social Security # _____
Residential Address: _____
4. Owner/Officer: _____
Title: _____ Social Security # _____
Residential Address: _____

Bank Reference

1. Name: _____ Account # _____
City/State/Zip: _____

Supplier References

1. Name: _____ Phone: _____
Email: _____ Fax: _____
City/State/Zip: _____
2. Name: _____ Phone: _____
Email: _____ Fax: _____
City/State/Zip: _____
3. Name: _____ Phone: _____
Email: _____ Fax: _____
City/State/Zip: _____
4. Name: _____ Phone: _____
Email: _____ Fax: _____
City/State/Zip: _____

Internal Use Only:

Date Reviewed: _____ Reviewed by: _____ Credit Limit Authorized: \$ _____ Authorized by: _____

