

Corporate Office: 7109 Dan McGuire Dr., Brighton, MI 48116

810-229-6500 fax 810-222-1212 Toll Free 888-229-6500 www.tcclean.com

CUSTOMER SET UP FORM

CUSTOMER INFO	RMATION		
Company Name:			
Billing Address:			
Ü	Street Address		Building #/Unit #
	City	State	Zip Code
Phone Number:		Fax Number:	
Shipping Address:			
☐ Same as	Company Name if Different tha	n Billing Address	
billing address	Street Address		Building #/Unit #
	City	State	Zip Code
Phone Number:		Fax Number:	
Tax (please select all	that apply): City Sales T	ax □ County Sales Tax □ State Sa	les Tax 🔲 Tax Exempt
		·	·
Tax Exemption #:		Please include tax exemption	Torm when submitting application
DELIVERY DETAILS	S		
Receiving Hours:			
Delivery Instructions	:		
•			
Is a Purchase Order #	# Required on every order?	? □ Yes □ No	
Would you like to be	setup for online ordering?	P □ Yes □ No	
Trodia you me to be	secup for online or defining.	_ 163 _ 116	
KEY CONTACTS			
Accounts Payable:			
·	Name		Phone Ext/Cell
	Email	E-mail that invoice	ces are to be sent to if different than A/P email
Purchasing #1:			
B 1	Name	Phone	Email
Purchasing #2:	Name	Phone	Fmail



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TERMS REQUESTED

Credit Card
\square I will provide payment at the time of each order.
\Box Credit Card Automatically - Securely store credit card to process payment at time of order. Please complete belo
Credit Card Authorization.
\Box Credit Card 1 $^{ m st}$ Monthly - Securely store credit card to process payment on the 1 $^{ m st}$ of each month for invoices
accumulated the previous month. Please complete below Credit Card Authorization.
Credit Card Authorization
Name on Card:
Card Number:
Card Expiry Date:
CVV Number:
Net 30 Days
\square Credit of \$1000.00. Payment due within 30 days of the invoice by EFT, cheque, credit card, or e-transfer. No
credit application required.
\Box Credit of more than \$1000.00. Payment due within 30 days of the invoice by EFT, cheque, credit card, or
e-transfer. \$1000.00 credit will be temporarily given and we will contact you regarding the credit application
process.
Form submitted by: Date:

If you have any questions, please do not hesitate to reach out to us by phone or email. Please return completed forms by email to billing@tcclean.com.