



Corporate Office: 7109 Dan McGuire Drive Brighton, MI 48116 810-229-6500 fax 810-229-5005
Toll Free 888-229-6500
www.tcclean.com

APPLICATION FOR CREDIT

****Some sections may not be applicable to your company****

Company Name: _____

Telephone Number: _____ Fax Number: _____

Billing Address: _____

Shipping Address: _____

Receiving Hours: _____

Major Crossroads: _____

Identify: (Check one) Corporation Partnership Sole Proprietorship

Purchasing Information

Contact Name (First & Last): _____

Telephone Number: _____ Ext: _____

Fax Number: _____

Email Address: _____

Are purchase orders required? Yes No

Are your purchases Taxable? Yes No **If not taxable, please fill out our tax exempt certificate**

Will you need order confirmations sent to you? Yes No

Accounts Payable Information

Contact Name (First & Last): _____

Telephone Number: _____ Ext: _____

Fax Number: _____

Email Address: _____

Would you like invoices by: Fax Email



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****All sections must be filled out entirely****

Banking Information

Bank Name: _____

Bank Address: _____

Account Number: _____

Contact Name: _____

Trade References

Company Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Company Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Company Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Authorized Signature: _____

Please Print Name: _____

Title: _____

Date: _____



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TRI-COUNTY POLICY

Minimums for prepaid shipments to our normal delivery areas:

Our minimum order is \$50.00. Any order not meeting this minimum will be automatically billed a \$10.00 "Small Order Processing Charge".

Tri-County does not break cases for delivery. All products are shipped in the original packed containers.

Freight charges for orders that are customer designated to ship U.P.S. or common carrier will be the responsibility of the ordering party.

Orders outside the Tri-County delivery area are subject to a delivery charge. Tri-County will ship UPS unless otherwise requested.

CUSTOMER:

Orders may be picked up at our 7109 Dan McGuire Drive location between the hours of 9:00 a.m. and 4:30 p.m., Monday – Friday.

BACK ORDERS:

We will automatically back order products that are not in stock. Please consult your Tri-County representative for back order options.

SPECIAL QUOTES & BID POLICY:

Tri-County reserves the right to offer special prices, based on the manufacturer's support, to those who stock Tri-County products.



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TERMS:

Our terms are Net 30 days for customers with approved credit. Unless an open account has been established, or the order has been pre-paid, all orders will be shipped C.O.D. cash or credit card. There will be a \$25.00 service charge for a returned check and 2.5% service charge on past due invoices.

Tri-County accepts Debit, Visa, MasterCard and American Express. If you desire, we can keep your card information on file so your orders are automatically paid as they are shipped.

Delinquent payment will constitute a delay in shipment.

DELIVERY SCHEDULE:

Local: Deliveries are same day/next day

East: Monday, Wednesday & Fridays

West: Tuesday & Thursdays

South: Monday, Wednesday & Fridays

North: Tuesday & Thursdays

Direction based on location in relation to Tri-County Supply



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SPECIAL ORDERS:

1. All special order products require completion of a Special Order Form along with a minimum deposit of 1/3 of the cost of the item(s). If for any reason you do not accept delivery of your special order product there will be a restocking charge of 30% based on that of the manufacturer.
2. Anticipate a minimum of two weeks delivery on all special orders. Delivery projections for special orders are approximate and unavoidable. Delays will not be grounds for cancellation.
3. Special order products are not returnable. If an item is defective, Tri-County has the right to repair that item. If the item cannot be repaired to manufacturer's specifications, Tri-County will replace it at our discretion.
4. All products that are manufactured specifically for a customer require ½ down to order and ½ due upon receipt. Unless terms have otherwise been approved by authorized Tri-County personnel.

RETURNS & CREDITS:

1. All defective products are to be reported to Tri-County within 48 hours of delivery for return.
2. All material returned to Tri-County must have prior approval from the office as well as the appropriate product return form.

UNDER NO CIRCUMSTANCES WILL MERCHANDISE OVER 60 DAYS OLD BE CONSIDERED FOR RETURN.

ALL MERCHANDISE TO BE RETURNED MUST BE IN ORIGINAL UNOPENED CARTON AND IN SALABLE CONDITION.

ALL PRICES AND TERMS STRICTLY SUBJECT TO CHANGE OR WITHDRAWAL WITHOUT NOTICE.

I have read the terms and conditions above, and accept same as written:

Purchasers

Signature: _____ **Date:** _____



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TAX EXEMPT FORM

****Please only complete this form if you are claiming to be tax exempt****

____ We are exempt from sales tax for the tangible personal property purchased from Tri-County Supply, Inc.

We qualify for tax exemption for the following purpose:

____ Resale

____ Industrial Processing

____ Non Profit Organization (Specify)

The tangible personal property that we purchase from Tri-County Supply, Inc. that qualifies is as follows:

____ All products purchased

____ Specific items (Please specify)

The undersigned agrees to pay State Sales Tax or Use Tax due in the event that any or all purchases made here under should be determined taxable.

_____ State Of _____

Sales Use Tax Certificate #

Company Name: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Signature: _____

Title: _____

Date: _____



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CREDIT CARD AUTHORIZATION

****If your company would like to use a credit card for payment please fill out this form****

Customer Name: _____

I/We, _____ authorize Tri-County Supply to bill my/our credit card for each invoice we incur with them. I/We realize that Tri-County will keep our credit card number on file for this reason.

If you have any questions or concerns, please feel free to contact Tri-County Supply, Inc. at (810) 229-6500.

Authorized Customer Signature: _____

Date: _____

Name On The Card: _____

Credit Card #: _____

Expiration Date: _____

Security Code: _____

Billing Address for Credit Card: _____
