



**Top-Line Industrial Supply, LLC**  
P.O. Box 308  
Beaumont, CA 92223  
P: 951-769-9665 F: 951-769-9660  
tl.accounting@top-lineindustrial.com

## **CREDIT APPLICATION**

**All fields with \* must be filled**

DATE OF APPLICATION\* \_\_\_\_\_

FULL COMPANY NAME\* \_\_\_\_\_

TYPE OF BUSINESS ENTITY (MARK ONE)\*

\_\_\_\_ CORP ORATION    \_\_\_\_ LLC    \_\_\_\_ PARTNERSHIP    \_\_\_\_ SOLE PROPRIETOR

FEDERAL TAX ID NUMBER \_\_\_\_\_ YEARS IN BUSINESS\* \_\_\_\_\_

BILLING ADDRESS\* \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

TAXABLE/COUNTY\* \_\_\_\_\_

PURCHASE ORDER REQUIRED? \*    \_\_\_\_ YES    \_\_\_\_ NO

PHONE NUMBER\* \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

PURCHASING CONTACT (NAME, TITLE)\* \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT (NAME, TITLE)\* \_\_\_\_\_

INVOICE & STATEMENT EMAIL\* \_\_\_\_\_

BACKUP EMAIL\* \_\_\_\_\_

IS THIS A RESALE ACCOUNT\*    \_\_\_\_ YES    \_\_\_\_ NO

**IF YES, PLEASE ATTACH CALIFORNIA RESALE CERTIFICATE**

### **TRADE REFERENCES – PLEASE PROVIDE 3 TRADE REFERENCES OR ATTACH CREDIT INFORMATION**

COMPANY NAME\* \_\_\_\_\_

CONTACT NAME AND EMAIL ADDRESS\* \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

COMPANY NAME\* \_\_\_\_\_

CONTACT NAME AND EMAIL ADDRESS\* \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

COMPANY NAME\* \_\_\_\_\_

CONTACT NAME AND EMAIL ADDRESS\* \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_



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## **CREDIT AGREEMENT**

**PLEASE NOTE:** A principal of the business **MUST** sign this form in order for us to evaluate and establish credit term.

I understand the following and will abide by the regulations listed below:

1. It is imperative that Top-Line Industrial Supply LLC be notified immediately of any alterations in ownership.
2. Promptly notify Top-Line Industrial Supply LLC regarding any modifications to contact information.
3. Payment shall be received within the established credit terms.
4. Any past due invoices will incur a financial charge of 1.5% per month or 18% annually, should we be unable to collect the outstanding balance.
5. Failure to adhere to the approved credit terms will result in the revocation of said terms.
6. Top-Line Industrial Supply LLC reserves the right to conduct credit evaluations at any time, and I agree to provide the necessary information upon request.
7. Our company maintains a satisfactory financial condition to fulfill all financial obligations.
8. At present, there are no outstanding lawsuits or judgements against our company, in the event of default on any valid invoices, we agree to cover all legal fees and collection expenses incurred.

**I, THE UNDERSIGNED CUSTOMER, HERBY CONSENT TO SETTLE MY ACCOUNT IN ACCORDANCE WITH THE SPECIFIED TERMS AND GRANT PERMISSION TO TOP-LINE INDUSTRIAL SUPPLY, LLC, THE VENDOR, TO ACQUIRE INFORMATION FROM OUR TRADE AND BANKING REFERENCE'S AS MAY BE NECESSARY FOR THIS APPLICATION.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:** For sole proprietorships, partnerships, or businesses operating for less than two years, a company principal must sign the Personal Guarantee on page 3 to qualify for credit terms.



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### **PERSONAL GUARANTEE**

In consideration of Top-Line Industrial Supply LLC extending credit to the client and entering into this agreement, the undersigned hereby personally, jointly, severally, and unconditionally guarantees to Top-Line Industrial Supply LLC the timely and complete payment of all amounts currently or subsequently owed by the client to Top-Line Industrial Supply LLC. This guarantee covers all legal fees and associated costs incurred in efforts to collect the specified amounts, as well as ensuring the complete and satisfactory performance of all obligations required of the client under this agreement.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Personal Guarantor

Date \_\_\_\_\_



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## **RETURN AND SPECIAL ORDER POLICIES**

### **Returns**

1. Returns are allowed within 15 days from the date of the invoice, provided that return authorization is obtained.
2. To acquire authorization, please reach out to [tl.accounting@top-lineindustrial.com](mailto:tl.accounting@top-lineindustrial.com) or contact your Top-Line Sales Representative.
3. A restocking fee may be applicable to returned items.
4. Items returned must be in a condition suitable for resale.
5. An additional service fee may be applied in conjunction with the restocking fee.
2. Custom hose assemblies are non-returnable.
3. Returns submitted without prior authorization or beyond the 15-day period from the invoice date will not be accepted.

### **Special orders**

1. Special orders are final sales; no returns or cancellations allowed.
2. Complete a Special Order Agreement for each order.
3. Advance payment may be necessary.

I acknowledge and accept Top-Line Return and Special Order Policy as specified above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



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## **BANK REFERENCE RELEASE AUTHORIZATION**

Please return completed forms to:

**Top-Line Industrial Supply**

**Email to:**

**tl.accounting@top-lineindustrial.com**

**Attention: Phoebe S. Ma**

TO:

\_\_\_\_\_  
(BANK NAME / BANK TELEPHONE #)

\_\_\_\_\_  
(CITY / STATE / ZIP)

ACCOUNT NUMBER(S)

RE:

\_\_\_\_\_  
(COMPANY NAME)

\_\_\_\_\_  
(COMPANY ADDRESS)

\_\_\_\_\_ (Customer) hereby authorizes the release of banking information to Top-Line Industrial Supply, LLC. (Vendor) for the sole purpose of establishing or updating our account with Top-Line Industrial Supply, LLC.

Sincerely,

\_\_\_\_\_  
(YOUR NAME)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(DATE)