



New Customer Application

Please complete all sections. Credit applicants must sign and date at bottom.

BUSINESS NAME/BILL TO:

Name:

Street Address:

City: State: Zip:

Phone #: Fax #:

E-Mail Address:

Accounts Payable Phone:

AP E-mail Address:

Other Contact Information:

Type of ownership (Select One):

Corporations: Federal ID #:

State of Incorporation:

DUNS #:

Number of Employees:

Estimated monthly purchases:

Type of Business or NAICS:

SHIP TO:

Name:

Street Address:

City: State: Zip:

Phone #: Fax #:

LTL Carrier:

UPS/FedEx Account #:

Purchasing Phone:

Purchasing E-mail:

Other Contact Information:

E-Mail Address:

MARKET SEGMENT:

Select One:

I am applying for a credit account with TCI.*

Credit Card terms

Select One:

I acknowledge my responsibility to pay any and all applicable sales tax on products purchased from TCI, Inc.

I have provided a tax exemption certificate.

By submitting this application, Customer agrees to be bound by terms and conditions located at: www.rpminc.com/sales_terms_conditions.pdf. Further, Customer agrees to abide by the terms of payment determined by Seller. No terms or conditions of purchase orders different from General Terms and Conditions of Sale located at www.rpminc.com/sales_terms_conditions.pdf and on any invoice or order acknowledgment issued by Seller will become part of any transaction unless specifically approved in writing by Seller. Customer also acknowledges that at Seller's sole discretion, shipments may be held if Customer's account becomes past due.

*AUTHORIZATION TO PERFORM CREDIT CHECK (CREDIT APPLICANTS ONLY)

By signing below, I authorize TCI, INC. ("TCI") to perform the necessary credit investigation on the above company or individuals. TCI is authorized to make all inquiries deemed necessary to determine my/our creditworthiness. TCI is authorized to answer questions about their credit experience with us, and share this information with other institutions to secure financing.

The information contained herein is submitted for the purpose of obtaining credit. Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

If Applicant is a Corporation, the application must be signed by an Officer having authority to bind the Corporation.

If Applicant is a Partnership, the application must be signed by an Authorized Partner.

If Applicant is a Proprietorship, the application must be signed by an Authorized Owner.

By signing below the buyer acknowledges the terms and conditions of sale for products purchased from TCI Inc.

Signed By:

Title:

Date:

All invoices are due and payable to TCI, P.O Box 535403 Atlanta, GA 30353-5403.

Please contact our Accounting department for further details. Accounts Receivable: AR@TCIPOWDER.COM

PLEASE SEND COMPLETED APPLICATION TO: welcome@tcipowder.com

Revised: 09/18/2025