

CLIENT PROFILE

Company Name _____ Corporation _____ Partnership _____ Sole _____

Billing Address _____ City _____ State _____ Zip _____

Years in Business _____ Phone _____ Fax _____

PLEASE ATTACH THE FOLLOWING INFORMATION TO THE PROFILE:

1. Bank name, address and contact name.
2. Trade references (minimum of 3).
3. Ownership name and address (If partnership or sole proprietor), if applicable.

BILLING: Person authorized to discuss billing / credit information.

Name _____ Dept. _____ Tel # _____

SUMMARY OF TERMS:

- 1) All account balances must be paid within 30 days after the "Invoice Date".
- 2) Invoices are rendered **Net 30 days**. A late charge of 1 1/2% per month (18% per annum) will be added to any amounts which are not paid within 60 days of invoice date. Should it become necessary to refer this account to an attorney for collection, the applicant agrees to pay all costs of collection, including court costs and attorney fees.
- 3) No extension of terms or other settlements of debt shall be allowed without specific authorization of the Credit Supervisor.
- 4) Accounts with balances 60 days past due (from due date) or balances exceeding credit limits are subject to suspension of credit without notification.
- 5) This instrument contains the entire agreement between the parties and no charges in the agreement can be made without the written acceptance of TUV Rheinland of North America.

ALL SOLE PROPRIETORS AND PARTNERSHIPS PLEASE COMPLETE AND SIGN

TO: TUV Rheinland of North America, Inc.

In consideration of your extending credit to the firm of: _____
and in consideration of the receipt of services, I/ we the undersigned do hereby jointly and severally personally guarantee the payment by said firm.

The following signatures also grant to TUV Rheinland of North America Inc. the right to check any factors pertinent to a fair evaluation of establishing credit.

Signature

Address, City and State

Zip Code

Failure to provide the above necessary information could delay processing of your application.

I hereby certify that the enclosed information is true and complete to the best of my knowledge.

Authorized Signature _____ Title _____ Date _____

For TUV Rheinland use only:

DIVISION:

BRANCH:

ENGINEER: