



**Ttek AI**  
POWERING OUR WORLD

Ttek Assemblies, Inc.  
3660 Alan Syverson Drive  
Barnum, MN 55707

Phone: (218) 389-6187  
Fax: (218) 389-6286  
Email: [mail@ttekai.com](mailto:mail@ttekai.com)

## Customer Credit Application

Date: \_\_\_\_\_

### **Company Information**

Name of Company: \_\_\_\_\_

Business Type:       Corporation       Partnership       Other

Specify, If Other: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Federal I.D.: \_\_\_\_\_

A/P Contact: \_\_\_\_\_

MN Resale Tax #      Number of years  
(if applicable):      in business: \_\_\_\_\_

**Business References** \*

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_

\* The undersigned hereby authorizes the above referenced creditors to release credit information to Ttek Assemblies Inc.

**Bank References**

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Account #: \_\_\_\_\_ Date Opened: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_

The above confidential information is furnished with the intention that it is to be used in establishing a credit account. If credit is extended, we agree to pay for goods and/or services supplied on or before the dates established by Ttek Assemblies Inc in our terms and conditions, which are 30 days.

If applicant fails to pay Ttek Assemblies Inc in accordance with this agreement, Ttek Assemblies Inc has the right to declare the entire balance of the applicant's account(s) immediately due and payable and to foreclose any security interest, which Ttek Assemblies Inc may have on the purchases delivered. If any unpaid balance is referred to an attorney for collection, applicant agrees to pay fees, all costs, and a Late Payment Finance Charge accrued on any unpaid balance of acceptance with this agreement until said balance has been paid in full.

Signed by (Authorized Agent): \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_