



HOUSTON | DALLAS | RENO | MEXICO CITY | SEOUL | SAO PAULO | EDINBURGH

TAMLYN[®]
FAMILY. VALUE. SERVICE.

13623 Pike Rd. Stafford, TX 77477
Tech Support / Sales: 800-334-1676
Fax: 281-499-8948
www.tamlyn.com

Attn:

Tamlyn is proud to partner with you on your future building supply needs!

Please fill out the following pages in their entirety and submit at your earliest convenience to our Accounts Receivable Specialist – Candi Burke at accounting@tamlyn.com.

A Resale Certificate or Multijurisdictional Form is required to process your application. Please send the appropriate document with your credit application.

Our team is available for assistance through this process. Please feel free to call 1-800-334-1676.

Best Regards,

Accounting

TAMLYN
www.tamlyn.com

WATER MANAGEMENT | XTREMEINTERIOR™ | XTREMETRIM® | XTREMECOLOR™ FLASHING | SIDING ACCESSORIES | VENTILATION | METAL FLASHING | CONNECTORS

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Company Information

Company Name:		Tax ID Number:	
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
		DUNS Number:	
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>			
Billing Address:			
City:	State:	ZIP:	Phone:
Shipping Address:			
City:	State:	ZIP:	Phone:

Type of Business

BY - Builder/ProDealer	LY-Lumberyard	MC-Masonry Yard	RS-Roofing/Siding Distrib	EX-Exporter
HB-Homebuilder	HC-Home Center	TS-Two Step Distributor	XI-Interior Products	OT-Other
CREDIT LIMIT REQUESTED \$ _____ TERMS EXPECTED _____				

Company Officers

(1) Name:	Title:	Phone or Email:
(2) Name:	Title:	Phone or Email:
(3) Name:	Title:	Phone or Email:

Other Contact Information

Sales Contact Name:	Phone:	Email:
AP Contact Name	Phone	Email:
Website:		



Bank References

Institution Name:			
Address:	City:	State:	Zip:
Bank Officer/Contact:			
Phone:	Email:		

Trade References

(1) Company Name:	Contact Name:	Title:
Address:	City State Zip::	Phone and Email/Fax:
(2) Company Name:	Contact Name::	Ttile:
Address:	City, State, Zip	Phone and Email/Fax:
(3) Company Name	Contact Name:	Title:
Address:	City,State,Zip:	Phone and Email/Fax:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that terms will be set with account approval and we agree to the prompt payment for all merchandise purchased from your company. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

 Signature

 Date

 Printed Name

 Title