

Twin Cities Transport & Recovery Account Application

For TCTR Use Only

Complete application in full and return to:

Twin Cities Transport & Recovery
1396 Concordia Avenue
Saint Paul, MN 55104
Fax: (651) 642-0010
Phone: (651) 642-1446
Email: billing@tctr.com

Account ID
Date Approved

Company Name _____ Date of Application _____

Type of Business _____ In Business Since _____

Address _____ City _____ State _____ Zip _____

Billing Address (If Different) _____

Company Phone # _____ Fax# _____

Accounts Payable Contact _____ Phone # _____

Fax # _____ Email _____

Bank Information

Bank Name/Contact _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Business References

Reference 1 _____ Fax # _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Reference 2 _____ Fax # _____ Phone # _____

Address _____ City _____ State _____ Zip _____

In consideration for extension of credit, debtor agrees to Credit Terms of NET 30 DAYS from invoice date. The signature below authorizes TCTR to charge interest on outstanding balances OVER 30 DAYS OLD at a rate of 1.0% per month or to the extent permitted by law.
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We hereby authorize the above listed Bank and Business References to release information to Twin Cities Transport & Recovery, Inc. for the use in the evaluation of this Account request.

Signature of Officer _____ Date _____

Print Officer Name and Title _____