



NEW CUSTOMER DATA SHEET & CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company Name:			
Contact Person*:			Title:
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:		Employer ID Number:	
Sole proprietorship:	Partnership:	Corporation:	Other:

**Please list other important contacts on a separate sheet, ie: Accounting and Purchasing Personnel*

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All new accounts are default prepay accounts until credit agreements can be established.
2. Once open credit is established all invoices are to be paid 30 days from the date of the invoice.
3. Claims arising from invoices must be made within seven working days.
4. By submitting this application, you authorize Total Titanium, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Your Signature:	TTI Signature:
Print Name:	Print Name:
Date:	Date: