

**TMS inc**

190 Lyman Road, Suite 100  
Casselberry, FL 32707

APPLICATION FOR OPEN ACCOUNT CREDIT  
BLANKET CERTIFICATE OF RESALE

Phone: 407.339.4768  
Fax: 407.339.5946

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

D/B/A: \_\_\_\_\_ FAX: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

OWNER: \_\_\_\_\_ ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

HOW LONG IN BUSINESS UNDER CURRENT OWNER: \_\_\_\_\_

PURCHASE SUBJECT TO SALES TAX:  YES  NO IF NO FILL OUT INFORMATION BELOW

*This is to certify that all material, merchandise, or goods purchased by the undersigned from The Merchant Source, Incorporated at the following locations:*

**190 Lyman Road, Suite 100  
Casselberry, FL 32707**

after \_\_\_\_/\_\_\_\_/\_\_\_\_ is purchased for the following purpose:

- Resale as tangible personal property.
- To be incorporated as material or part of other personal property to be produced for resale by manufacturing, assembling, processing or refining.
- To be exported for sale, use or consumption outside the continental limits of the United States.
- Purchaser holds a valid Consumers Certificate of Exemption for charitable, religious, scientific, credit union, government, or other status that expires on \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Other: \_\_\_\_\_

*This certificate shall be considered a part of each order which we shall hereinafter place provided such order contains our certificate number. This is to continue in force until revoked in writing*

\_\_\_\_\_  
*Purchasers Certificate of Registration/Exemption Number (Sales Tax Number)*

BANK CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

BANK BRANCH: \_\_\_\_\_ FAX: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

**REFERENCES**

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

*To the best of my knowledge the above facts are represented as true. I am aware that any falsification of this information may result in denial of credit by TMS inc. My signature below indicates my permission for TMS inc to obtain credit information from the sources I have referenced, including any external credit reporting sources, and any credit reporting agency.*

\_\_\_\_\_  
*Authorized Individual*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*