



TP Assigned ID#

Client Billing Information

BUSINESS CONTACT INFORMATION

Company Name:		
Company Address:		
City:	State:	Zip Code:
Main Company Contact:		Phone:
Email:		Fax:

PRIMARY COMPANY BILLING INFORMATION

Primary Billing Address:		
City:	State:	Zip Code:
AP Contact Name:		AP Phone:
AP Email:		AP Fax:
AP Supervisor Name/Phone:		
Purchase Order Required:		
Purchasing Agent:		Phone:
Email:		
Send all Test Reports to the following contacts, include email addresses:		
Special Invoice Instructions:		
PO needed for Routine Monthly Inspections: _____		
PO needed for Certification Mark: _____		

AGREEMENT

1. All invoices are to be paid 30 days from the date of invoice.
2. By submitting this application, you agree to pay for 100% of the collection fees and other costs incurred if your account is turned over to a collection agency. Timber Products Inspection, Inc. reserves the right to charge and collect interest on any past due accounts.

AUTHORIZED SIGNATURES

Company	Timber Products Inspection, Inc.
Title:	Title:
Date:	Date:

Completed/Signed form must be emailed to TIMBER PRODUCTS prior to the start of any services.