

Taylor Enterprise, Inc.

135 N. Church Street, Ste. 400, Spartanburg, SC 29306 · Phone: 864 573.9518 · Fax: 864.583.4150 · www.taylorlubricants.com

New Account Information Form

[Print Clearly](#)



At Taylor Enterprises, Inc. our goal is to provide our customers with quality products and services, along with unsurpassed customer responsiveness. We want to partner with our clients to create a valued relationship that creates benefits in efficiency, productivity, and profitability.

Dear Customer,

Please complete the following forms that comply with your request for a new account.

Option# - 1 Account Setup:

COD/CC/CASH

- New Account Application Form – No Trade Reference Required.
- Provide a copy of your W-9 form.
- Provide a copy of your Sales Tax Exemption certificate (if applicable)

Options# - 2 Account Setup:

- Net Terms: Standard Net 30
- New Account Application Form
- Trade Reference Required (3) *(Please note: your bank is not considered a Trade Reference)*
- Provide a copy of your W-9 for
- Provide a copy of your Sales Tax Exemption certificate (if applicable)

Email Completed Credit Application, W-9, and Sales Tax Exemption Certificate to:

csmith@taylorlubricants.com

Optional Services available.

If you are a credit card customer and would like us to maintain your information on file for future purchases. We do provide that service for your convenience and will provide you with an information form to be completed. All information is kept confidential.

We accept the following credit cards: Visa, MasterCard, American Express.



All credit card customers will be charged a 3% processing fee on all transactions.

We also provide the service of EFT/ACH.

If you have any questions or request a form for Credit Card Authorization or EFT/ACH program, please contact, Christina Smith – Accounts Receivable Specialist. 864.573.9518 ext. 205 or email csmith@taylorlubricants.com.

Thank you for choosing Taylor Enterprises, Inc.

TAYLOR ENTERPRISE COMPANY USE:

Salesperson:	Reviewed-Approved by:	Amount approved:	Date:	Set-up By:	Account No
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Company Information					
Last:	First:	MI:	Title:		
Company Name:		FEIN Tax ID: (Please provide a current copy of your W-9)			
Billing/Mailing Address:		City:	State:	Zip:	
Shipping Address:		City:	State:	Zip:	
Phone:		Fax:			
Legal form under which business operates:	Corporation:	Partnership:	Proprietorship:	In Business Since:	
Company Officers /Owner					
Name/Title:	Address: C/S/Z:		DOB:	SS#	
Name/Title:	Address: C/S/Z:		DOB:	SS#	
Billing Contact/Title:		AP Phone:		AP Fax:	
Email:		AP Email:			
Web Address:		Other:			
Terms / Sales Tax / Purchase Order Setup					
Check One Terms: Net 30: ___ Net Terms Other: ___ COD ___ CREDIT CARD ___	Sales Tax Exempt: Yes ___ No ___ Required (Attach Current Copy of Sales Tax Exemption / Resale Certificate)		REMIT PAYMENT ACCEPTED We accept: Visa, MasterCard, AmEx, Cash, Certified Funds and Money Orders, Company Checks		Orders Instruction Show Prices: Yes: ___ No: ___ Backorders accepted: Yes: ___ No: ___ Purchase Order #: Yes: ___ No: ___
	Equipment Installed: Yes ___ No ___ Amount of Equipment: \$ _____			Dun & Bradstreet #: _____	
CREDIT CARD CUSTOMER: A processing fee of 3% will be charged on all transactions.					
Trade Reference (3 References are required for applicants requesting Terms Only) (Your Bank cannot be listed as a trade references)					
Company Name:	Address:		Phone:	Fax / Email:	
Contact Name/Acct #:	C/S/Z				
Company Name:	Address:		Phone:	Fax / Email:	
Contact Name/Acct #:	C/S/Z				
Company Name:	Address:		Phone:	Fax / Email:	
Contact Name/Acct #:	C/S/Z				

Credit Requested: \$ _____

Terms of Credit Agreement: Terms are Net 30 days from the date of invoice. Interest will accrue at the rate of eighteen percent (18%) on any unpaid balance. Should this account be placed with an attorney or collections agency for collection, I hereby agree to pay all reasonable costs of collections, including attorney's fees in the amount of twenty percent (20%). I hereby agree that any legal proceeding undertaken to enforce the terms of this agreement or any other dispute involving the extension of credit will be resolved pursuant to the laws of South Carolina and that jurisdiction and venue will be proper in Spartanburg County, South Carolina, for any such action. I certify that all information on this form is correct, and that I am authorized to enter into this contractual relationship on behalf of the company. **Permission is hereby granted to access/obtain credit reports on the company's business credit. I fully understand the credit terms and have read this document before signing.**

Terms of COD|CASH|CREDIT CARD. Interest will accrue at the rate of eighteen percent (18%) on any unpaid balance. Should this account be placed with an attorney or collections agency for collection, I hereby agree to pay all reasonable costs of collections, including attorney's fees in the amount of twenty percent (20%). I hereby agree that any legal proceeding undertaken to enforce the terms of this agreement or any other dispute involving the extension of credit will be resolved pursuant to the laws of South Carolina and that jurisdiction and venue will be proper in Spartanburg County, South Carolina, for any such action. I certify that all information on this form is correct, and that I am authorized to enter into this contractual relationship on behalf of the company. **Permission is hereby granted to access/obtain credit reports on the company's business credit. I fully understand the credit terms and have read this document before signing.**

Authorized Company Representative: _____

Title: _____

Print Name: _____

Date: ____ / ____ / ____

NOTICE: IN THE EVENT THIS ACCOUNT BECOMES DELINQUENT. ALL WRITTEN AND VERBAL COMMUNICATIONS WILL BE AN ATTEMPT TO COLLECT THE DEBT AND ANY INFORMATION WILL BE USED FOR THAT PURPOSE.

Send completed ORIGINAL forms to; Taylor Enterprise, Inc. Spartanburg SC 29302 | To expedite process Email: csmith@taylorlubricants.com

Rev05/2023

TAYLOR ENTERPRISE COMPANY USE:

Salesperson:	Reviewed-Approved by:	Amount approved:	Date:	Set-up By:	Account No
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