



CUSTOMER ONBOARDING & CREDIT APPLICATION

Requested Monthly Credit Limit: \$ _____

Existing Customer? Yes: No: If yes, what is your customer number? _____

Quala/PSC Representative Name: _____

What services do you require? Tank Industrial Services (QIS) IBC
Maintenance (QMS & PCS) Rail & Specialty (QRS)

COMPANY INFORMATION

Legal Business Name: _____ Date Business Opened: _____

Doing Business As: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Parent Company Address: _____

City: _____ State: _____ Zip: _____

Nature of Business: _____

Type of Business: Corporation Partnership Proprietorship LLC

COMPANY DIRECTOR/OFFICER/PRINCIPAL INFORMATION

(1) Name of Company Principal/Owner Responsible for Business Transactions:

Name: _____ Title: _____

Email: _____

Phone: (_____) _____

(2) Name of Company Principal/Owner Responsible for Business Transactions:

Name: _____ Title: _____

Email: _____

Phone: (_____) _____

Please email the completed form to QHL-CreditAppRequest@quala.us.com
Any payments made with a credit card are subject to a 2% processing fee



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FINANCIAL CONTACT INFORMATION

(1) Primary Financial Contact: _____ Title: _____

Phone: (_____) _____ Email: _____

(2) Accounts Payable Contact: _____ Title: _____

Phone: (_____) _____ Email: _____

TRADE REFERENCES

**** Please provide at least one (1) industry reference ****

(1) Company Name: _____ Phone: (_____) _____

Company Contact: _____

Address: _____ Fax: (_____) _____

City: _____ State: _____ Zip: _____

Number of Years Doing Business: _____ Account No. _____

Credit Limit: \$ _____ Current Balance: \$ _____

(2) Company Name: _____ Phone: (_____) _____

Company Contact: _____

Address: _____ Fax: (_____) _____

City: _____ State: _____ Zip: _____

Number of Years Doing Business: _____ Account No. _____

Credit Limit: \$ _____ Current Balance: \$ _____

****REQUIRED** SPECIAL BILLING INSTRUCTIONS**

Quala/PSC Facilities or Regions for Service: _____

Tax ID Number: _____

Are you Tax Exempt? Yes: (if yes, please provide tax exempt certificate) No:

Is A Purchase Order # Required? Yes: No:

How is your PO # Obtained? _____
(i.e. Driver, BOL, etc.)

What is the format of your PO #? _____
(i.e. XXX-XXXX or 5 digits beginning with a 7)

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CUSTOMER ONBOARDING & CREDIT APPLICATION

****REQUIRED** BILL TO LOCATION**

Location Name/Terminal No. _____

Address: _____

City: _____ State: _____ Zip: _____

Email for Invoice Delivery: _____

Bill to Contact: _____ Title: _____

Phone: (_____) _____ Email: _____

Accounts Payable Contact: _____ Title: _____

Phone: (_____) _____ Email: _____

****REQUIRED** METHOD OF PAYMENT**

Check

ACH

Credit Card*

**Payments made with a credit card are subject to a 2% processing fee*

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CUSTOMER ONBOARDING & CREDIT APPLICATION

Payment and Invoicing

Payment for all services rendered, are due as stated on the invoice. Any item disputed, must be done so in writing within 30 days from the invoice date. Failure to initiate a dispute within this timeframe will waive your right to dispute that invoice. A dispute on a particular invoice does not waive your right to withhold payment on non-disputed invoices. The customer agrees to pay all costs of collection or legal fees should such action be necessary due to non-payment.

Failure to pay invoices in a timely manner may result in your account being placed on Credit Hold. Credit Hold may happen as early as 15 days from the due date stated on the invoice date. If your account is placed on Credit Hold, all services will be suspended until your account is brought in good standing. Should your account continue to remain past due, the account may be placed in default and be turned over to legal counsel for further actions. Default status may happen as early as 60 days from the invoice due date.

Tax Exemption Status

If your Company is exempt from state Sales Tax, it is your responsibility to provide a valid exemption certificate at the time of this application or at such time when you become eligible for exemption. Upon receipt of a valid certificate, we will perform the necessary tasks to establish tax exemption to the account. All taxes invoiced prior to receipt of a valid exemption certificate must be paid in full.

Finance Charges and Non-Sufficient Funds (NSF)

We reserve the right to assess finance charges of 1% per month (12% per annum) on all invoices that are past due. Customers with past due amounts will receive a finance charge invoice each month. Finance charges will be assessed as of the end of the month and reduced by any amounts in dispute and any payments received by month-end but not posted. Customer agrees to pay \$50 for each check issued, which is returned unpaid or marked NSF.

In signing this Application, customer agrees to all of the above and hereby grants permission for credit information to be verified by company(s) and financial institution(s) that the Customer has specified on this document and others that become evident during the credit review process. If the applicant is not a corporation, we are authorized to obtain credit reports on the proprietors, partners, or principals. The undersigned also understands that we will retain this application, whether it is approved or not, and that we will consider this application as a continuing statement of the undersigned's financial position and situation until notified otherwise.

Faxed documents will be deemed as original. No oral agreements will be accepted. The terms on this credit application/agreement overrides all others.

By signing this credit application/agreement, the individual executing this application below on behalf of the customer, individually and personally, represents and warrants to us that:

- (1) He/She is authorized to execute this application on behalf of the customer.
- (2) The information set forth in this application is accurate and complete.
- (3) All transactions are subject to the Terms and Conditions found on the Quala website

Company Name: _____
Please Type or Print

Authorized Signature: _____ Date: _____

Signatory Name: _____ Title: _____
Please Type or Print

[If credit is granted, terms are net 30 unless otherwise documented](#)

Please email the completed form to QHL-CreditAppRequest@quala.us.com
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--- For Internal Use Only ---

Legal Company Name: _____ Date: _____

Doing Business As: _____

Credit Rating: _____

Approved: Yes: No:

Reference 1

Company: _____

Phone/Email/Fax: _____

Person Contacted: _____

Title: _____

Do they have credit? Yes: No:

Date of Reference: _____

Time doing Business? _____

What is their high credit? _____

What are their terms? _____

Do they Pay within Terms? Yes: No:

Reference 2

Company: _____

Phone/Email/Fax: _____

Person Contacted: _____

Title: _____

Do they have credit? Yes: No:

Date of Reference: _____

Time doing Business? _____

What is their high credit? _____

What are their terms? _____

Do they Pay within Terms? Yes: No: