

**TOLEDO SPRING SERVICE**

5015 ENTERPRISE BLVD  
P O BOX 80039  
TOLEDO OHIO 43608-0039  
PHONE 419-729-7010 FAX 419-729-7019  
WATTS 800-283-9922  
E-MAIL [TSS@TOLEDO](mailto:TSS@TOLEDO) SPRING.COM

**TAE SERVICE**

1804 MONROE STREET  
P O BOX 80039  
TOLEDO OHIO 43608-0039  
PHONE 419-243-7101 FAX 419-321-1877  
WATTS 800-283-2839  
E-MAIL TAE@TAESERVICE.COM

**Main OFFICE FAX 419-729-7019**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Billing Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Nature of Business \_\_\_\_\_

How many Vehicles \_\_\_\_\_ TYPES \_\_\_\_\_

# of Yrs in Business \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax( \_\_\_\_\_ ) \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_

List names of officers, partners or owners.

1). \_\_\_\_\_ 2). \_\_\_\_\_

3). \_\_\_\_\_ 4). \_\_\_\_\_

Tax Exempt No. \_\_\_\_\_ P O Required \_\_\_\_\_ ( Y or N )

Bank \_\_\_\_\_ Checking Acc # \_\_\_\_\_ Phone \_\_\_\_\_

**Business References:**

Name \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Fax \_\_\_\_\_

**KEY EMPLOYEES**

Accounts Payable \_\_\_\_\_ E-MAIL \_\_\_\_\_

Service Manager \_\_\_\_\_ E-MAIL \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_