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CREDIT APPLICATION

Please fill out the information below and return it as soon as possible in order for us to have complete and accurate information in your file. Thank you for taking the time to help us serve you better.

CUSTOMER INFORMATION

Customer Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Phone No: _____ Fax No.: _____ Mobile No: _____
Contact Person: _____ Owner: _____

TAX STATUS: Taxable _____ Resale _____ Government _____ TAX ID NUMBER _____
(if your tax status is other than taxable, please include a tax exempt form.)

BANK REFERENCE

Banking Institution: _____ City: _____ State: _____
Contact Person: _____ Phone #: _____

CREDIT REFERENCES

| | |
|-----------------------|-----------------------|
| 1) Company: _____ | 2) Company: _____ |
| Contact Person: _____ | Contact Person: _____ |
| Address: _____ | Address: _____ |
| Phone # _____ | Phone # _____ |
| Comments: _____ | Comments: _____ |
| _____ | _____ |

CREDIT INFORMATION

Expected credit requirements: \$ _____

TERMS OF SALE

All monthly credit purchases are due by the 10th day of the month following month of purchase. All credit purchases shall be subject to a service charge on the 30th day of the month following the month of purchase of 1.5% per month (or a minimum charge of 50 cents for balances under \$33.30) which is an annual percentage rate of 18% applied to your previous statement balance after deducting current payments and/or credits. Collection costs, including reasonable attorney fees, shall be payable by the purchaser if the need arises to use outside collection services.

AUTHORIZING STATEMENT

The undersigned:
1) certifies that all information provided is true and correct
2) agrees to abide by the terms of sale specified above

Signature: _____ Date: _____

Officer Signature (If Corp.) _____ Date: _____