

TriTeq Credit Application

BUSINESS CONTACT INFORMATION

Company name:

Name and title of contact person:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

Accounts payable contact:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Tax exempt number:

Savings

Sales tax ID:

Checking

Federal tax ID:

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. Accounts beyond 30 days subject to 1.5% per month allowed by law.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, TriTeq can make inquiries of these banking and business/trade references.

SIGNATURES

Title:
Date:

Title:
Date:

Return to TriTeq via fax: [847-640-7008](tel:847-640-7008) or email: sales@triteqlock.com

www.triteqlock.com