

APPLICATION FOR CREDIT (PLEASE TYPE OR PRINT LEGIBLY)

Legal Name (if different): Billing Address: Shipping Address: Telephone: Fax: Date business started Federal I.D. No: Number of Employees: Organized under the Laws of the State of: Individual Corporation Partnership LLC Other Is your company tax exempt? Yes No If yes, please provide completed tax exempt certificate. Name, Title and Phone No of person responsible for paying Invoices Amount of Credit Requested: OFFICERS, PRINCIPALS OR PARTNERS Name Title Home Address Social Security No BANK REFERENCE	Telephone: Fax:	Bank Reference Bank
Billing Address: Shipping Address: Fax:	Billing Address: Shipping Address:	Shipping Address: Fax:
Shipping Address: Telephone:	Shipping Address:	Shipping Address: Fax:
TRADE REFERENCE (List names and address of three major suppliers whit whom you have open accounts)	Telephone:	Felephone:
Fax:	Federal I.D. No:	Felephone:
Number of Employees: Drganized under the Laws of the State of: on on Individual Corporation Partnership LLC Other syour company tax exempt? Yes No If yes, please provide completed tax exempt certificate. Name, Title and Phone No of person responsible for paying Invoices Amount of Credit Requested: DFFICERS, PRINCIPALS OR PARTNERS Name Title Home Address Social Security No Sank Name: Account No Address Bank Officer Address Bank Officer Credit Name Credit Name	Prederal I.D. No:	Number of Employees:
Organized under the Laws of the State of:	Organized under the Laws of the State of: on Individual	Organized under the Laws of the State of: on
Individual Corporation Partnership LLC Other s your company tax exempt? Yes No If yes, please provide completed tax exempt certificate. Name, Title and Phone No of person responsible for paying Invoices Amount of Credit Requested: OFFICERS, PRINCIPALS OR PARTNERS Name Title Home Address Social Security No BANK REFERENCE Bank Name: Account No Address Bank Officer TRADE REFERENCE (List names and address of three major suppliers whit whom you have open accounts)	Individual	Individual
Is your company tax exempt?	Is your company tax exempt?	S your company tax exempt?
Name, Title and Phone No of person responsible for paying Invoices	Name, Title and Phone No of person responsible for paying Invoices Amount of Credit Requested: OFFICERS, PRINCIPALS OR PARTNERS Name Title Home Address Social Security Experiments and the security Experi	Name, Title and Phone No of person responsible for paying Invoices Amount of Credit Requested: OFFICERS, PRINCIPALS OR PARTNERS Name Title Home Address Social Security BANK REFERENCE
Amount of Credit Requested: DFFICERS, PRINCIPALS OR PARTNERS Name Title Home Address Social Security No BANK REFERENCE Bank Name: Account No Address Bank Officer TRADE REFERENCE (List names and address of three major suppliers whit whom you have open accounts)	Amount of Credit Requested: OFFICERS, PRINCIPALS OR PARTNERS Name Title Home Address Social Security BANK REFERENCE	Amount of Credit Requested: OFFICERS, PRINCIPALS OR PARTNERS Name Title Home Address Social Security BANK REFERENCE
Bank Name: Account No Address Bank Officer TRADE REFERENCE (List names and address of three major suppliers whit whom you have open accounts)		
Bank Name: Account No Address Bank Officer TRADE REFERENCE (List names and address of three major suppliers whit whom you have open accounts)		
Bank Name: Account No Address Bank Officer FRADE REFERENCE (List names and address of three major suppliers whit whom you have open accounts)		
Name: Address Telephone Fax	TRADE REFERENCE (List names and address of three major suppliers whit whom you have open account	TRADE REFERENCE (List names and address of three major suppliers whit whom you have open accounts)
	Name: Address Telephone F	Name: Address Telephone Fax

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Has the company or any owners, principals, or	officers ever filed bankruptcy? \square	Yes
If yes, please provide details		
Are there any current or pending suits, liens, o If yes, please provide details		
	Credit Agreement	
connection herewith is true, accurate and verify all credit and financial information I/we understand that requests for returns returns are subject to a minimum of twen	complete in every respect. I/we a provided and to contact referent must be made in writing within the five percent (25%) restock chart for and in consideration of the shall bear service charges at a rate of exceed the legal limit. I/we fur ding but not limited to reasonabe I/we jointly and severally do pelance of indebtedness of the with	aces provided. I/we agree terms of Net 30 days. thirty (30) days of the date of the invoice, that large, and that prior authorization is required to extension of credit, any amounts not paid that of one and one half percent (1 ½%), ther agree to pay the costs of collection the attorney's fees. In consideration of Triestonally guarantee unconditionally, at all hin named firm.
Signature of owner or officer	Title	Date
Signature of owner or officer	Title	Date
	Personal Guarante	e
personally guarantee unconditionally, on the within named firm. This guarantee is assigns so long as any indebtedness rema until the undersigned has notified Tri Con not alter any obligation of the undersigne costs and expenses, including, but not lin Company in collecting amounts owed by defenses, affirmative defenses and/or cou this personal guarantee. The undersigned	a continuing basis, the payment irrevocable and is binding on Gins unpaid or obligation is unful unty Pump Company in writing darising hereunder prior to recenited to attorneys' fees and legal applicant, in enforcing any terminterclaims raised by applicant a further acknowledges and represe individual's position with the ee.	n of the credit agreement, in responding to nd/or Guarantor, and/or enforcing any term of esents that any titles written near the signatures applicant and in no way is intended to limit or
by enceking this box, you signify th	at your type name below constit	utes your signature.
Signature of owner or officer	Title	Date
Signature of owner or officer	Title	Date