

CREDIT APPLICATION

Legal Name of Company:

Complete Address:

City: _____ Province: _____ Country: _____ Postal/Zip Code: _____

Credit amount requested: _____ IRS#: _____

MAIN CONTACT

Telephone: () _____ Fax: () _____ E-mail: _____

A/P CONTACT

Telephone: () _____ Fax: () _____ E-mail: _____

SHAREHOLDER(S)

Name: _____ Title: _____ %: _____

Name: _____ Title: _____ %: _____

Name: _____ Title: _____ %: _____

Name: _____ Title: _____ %: _____

In existence since: _____ Present Administrative Control: _____

NATURE OF BUSINESS:

OTHER BRANCH ADDRESSES:

AFFILIATED COMPANIES:

FINANCIAL INSTITUTION:

(1) **BANK** _____

Complete Address:

City: _____ Province: _____ Country: _____ Postal /Zip Code: _____

Telephone: ()- _____ Fax: ()- _____ Contact: _____ Acct.#: _____

Initials	
-----------------	--



(2) BANK _____

Complete Address:

City: _____ Province: _____ Country: _____ Postal/Zip Code: _____

Telephone: ()- _____ Fax: ()- _____ Contact: _____ Acct.#: _____

TRADE REFERENCES (2 minimum required):

Name: _____ City: _____ Tel: _____ Contact: _____ E-mail: _____

Name: _____ City: _____ Tel: _____ Contact: _____ E-mail: _____

Name: _____ City: _____ Tel: _____ Contact: _____ E-mail: _____

Name: _____ City: _____ Tel: _____ Contact: _____ E-mail: _____

Employees Full-Time: _____ Part-time: _____

Premises : Owned _____ Leased : _____ Surface (Square Feet) : _____ Fiscal Year: _____

All first-time orders, as well as orders under CAD \$10,000.00, must be placed on a Cash with Order (CWO) basis. Upon successful completion of a credit review, future orders may qualify for Cash on Delivery (COD) or Net 30 terms, subject to approval and based on annual order volume.

The Applicant hereby authorizes TRIPAR to verify all information provided in this credit application and to communicate the results for the purpose of establishing an authorized line of credit. The undersigned Purchaser understands that TRIPAR may utilize additional credit sources it deems necessary in making its credit determination. Furthermore, the undersigned Purchaser authorizes the bank(s) and trade references listed above to release any information required to TRIPAR and/or any third-party credit reporting agency for the purpose of assisting in the establishment of a line of credit.

Name of President / Authorized Signing Officer: _____

Signature: _____ **Title:** _____

**Please e-mail completed form to Anny De Leto at accounting@triparinc.com
If form is filled out entirely credit check may be run in as little as 3 business days. If not, please note that a minimum of 2 additional days processing may be added.**