

# CREDIT APPLICATION

Legal Name of Company:

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Complete Address:

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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:**

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**OTHER BRANCH ADDRESSES:**

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**AFFILIATED COMPANIES:**

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**FINANCIAL INSTITUTION:**

**(1)BANK**

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Complete Address:

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City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal /Zip Code: \_\_\_\_\_

Telephone: ( )- \_\_\_\_\_ Fax: ( )- \_\_\_\_\_ Contact: \_\_\_\_\_ Acct.#: \_\_\_\_\_

<b>Initials</b>	
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(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: \_\_\_\_\_

The applicant authorizes **TRIPAR/CREDITFAX** to verify all the information given in this credit application and to communicate said results, in order to establish an authorized line of credit. The undersigned **Purchaser** understands that **TRIPAR/CREDITFAX** may also utilize other sources of credit which it considers necessary in making the determination. Further, the undersigned **Purchaser** hereby authorizes the bank and the trade references listed above to release the information necessary to **TRIPAR/CREDITFAX and/or any 3<sup>rd</sup> party reporting agency** in assistance to establishing the line of credit.

**Name of President / Authorized Signing Officer:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Please e-mail completed form to Anny De Leto at [accounting@triparinc.com](mailto: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.**