



## Application for Credit

<b>Company Name:</b>	<b>Date:</b>
<b>Billing Address:</b>	<b>Years in Business:</b>
	<b>Business Type:</b>
<b>Phone:</b>	<b>Principal Line of Work:</b>
<b>Fax:</b>	<b>Purchase Orders Required: ( )Yes ( )No</b>
<b>Acct. Payable Contact:</b>	<b>Tax Exempt: ( )Yes ( )No</b>
<b>A/P Email Address:</b>	<b>If yes, attach certificate</b>
<b>GST#:</b>	

Please list owners, partners or officers names, addresses & titles. If partnership or sole proprietorship, please provide social insurance numbers of owners and partners.

<b>Name:</b>	<b>Title:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Title:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Title:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Bank Name:</b>	<b>Account Number:</b>
<b>Branch:</b>	<b>Contact:</b>
	<b>Phone:</b>
	<b>Fax:</b>
<b>Insurance Information</b>	<b>Rental Equipment Coverage? ( )Yes ( )No</b>
<b>Company:</b>	<b>If yes, attach certificate</b>
<b>Contact:</b>	
<b>Phone:</b>	

Trade Account References Name & Addresses	
1.	<b>Contact:</b>
	<b>Phone:</b>
	<b>Fax:</b>
2.	<b>Contact:</b>
	<b>Phone:</b>
	<b>Fax:</b>
3.	<b>Contact:</b>
	<b>Phone:</b>
	<b>Fax:</b>

**Terms:** As per contract terms, amounts past 30 days incur 1.5% per month, 18% per annum service charges. Customer to reimburse Trinity Power Corp for costs incurred for the collection of amounts past 60 days including administrative and attorney's fees.

**Authorization to Obtain References:** Trinity Power Corp is authorized to obtain credit information, references, including banking and insurance. Trinity Power Corp is authorized to verify any information listed on this application for credit.

**Pledge of Truth:** I guarantee to the best of knowledge that the information provided above is true and complete.

\_\_\_\_\_  
**Signature** **Printed Name**  
**Title** **Date**