Credit Application

| Office Use Only | ACCOUNT TYPE REQUESTED: | |
|---|---|--------|
| Salesman No: | ☐ CASH ☐ CREDIT CARDS ☐ CHECK ☐ CHARGE (open a | acct.) |
| Account No: | DESIRED CREDIT LIMIT (Circle One) | |
| | \$1,000 \$2,500 \$5,000 \$10,000 | |
| Do you want a login to place orders, pay invoices, etc. online Yes | Date Trible's Pickup Location | |
| Bill To: | Ship To: | |
| Company Name | Company Name | |
| Phone Owner | Phone Owner | |
| Management Company / Owner | Management Company / Owner | |
| Street Address | Street Address | |
| City | City | |
| State Zip | State Zip | |
| Email | EPA Cert # (Attach copy) | |
| ☐ I would like invoices sent to the email address above. | ☐ I would like statements sent to the email address above. | |
| ☐ Appliance/Dealer Service ☐ Hotel/Motel | ☐ HVAC ☐ Apts/Real Estate ☐ Kitchen/Bath | |
| Vendor Management System (Properties) | | |
| A/P Contact Person & No S | | |
| | | |
| Require PO # \(\superset \) Yes \(\superset \) No \(\text{Accept Back Orders} \(\superset \) Yes \(\superset \) | | |
| Terms Net 15th Prox. Finance charges of 18% per year (1.5%) per | month) will be added to all charges more than 30 days past due | |
| IF THIS ACCOUNT IS REFERRED TO A COLLECTION AGENCY AND A COLLECTION, INCLUDING THE COLLECTION AGENCY AND A | | COST |
| gnature Print | t Name/Title | |
| Certification of Resale | | 7 |
| This is to certify that all tangible personal property and serv | vices purchased by the undersigned from you will be purchas | sed |
| for use as follows: 1. For resale as tangible personal property in material or part of other tangible property to be produced for s | n the same form received by you. 2.To be incorporated as a | |
| This certificate shall be considered a part of each order whi | ich we shall give, provided such order contains our State of ration numbers or specific exemption certificate number | |
| followed by any one or more of the aforesaid numbers (1) or (2 such order. The certificate(s) is to continue in force until revok | | |
| Company Name: | By | |
| | | |
| Exemption Number: | Exemption Number: | |



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