## **Credit Application**

Office Use Only	ACCOUNT TYPE REQUESTED:
Salesman No:	☐ CASH ☐ CREDIT CARDS ☐ CHECK ☐ CHARGE (open 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.
	☐ HVAC ☐ Apts/Real Estate ☐ Kitchen/Bath
Vendor Management System (Properties)	
A/P Contact Person & No S	
Require PO # ☐ Yes ☐ No Accept Back Orders ☐ Yes ☐	•
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, OF COLLECTION, INCLUDING THE COLLECTION AGENCY AND A	D/OR ATTORNEY, THE CUSTOMER SHALL PAY ALL REASONABLE COSTONNEY'S FEES AND ALL COURT COSTS.
gnature Print	t Name/Title
Certification of Resale	
This is to contify that all tangible personal property and com-	vices purchased by the undersigned from you will be purchased
for use as follows: 1. For resale as tangible personal property and serv material or part of other tangible property to be produced for s	
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	2) to specify which of the items listed above are covered by
Company Name:	By
Exemption Number:	Exemption Number:



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