

TRIDENT **EMERGENCY PRODUCTS, LLC**

APPLICATION FOR CREDIT

DATE: _____

COMPANY NAME: _____

SHIP-TO ADDRESS: _____

BILL-TO ADDRESS: _____

MAIN CONTACT: _____

PHONE # _____

FAX # _____

E-MAIL ADDRESS _____

PLEASE SUPPLY 3 TRADE REFERENCES:

NAME: _____

ADDRESS: _____

PHONE # : _____

FAX # : _____

CONTACT: _____

PLEASE COMPLETE THIS SHEET,

AND ATTACH COPY OF YOUR STATE'S SALES AND USE TAX CERTIFICATE OF EXEMPTION,

AND FAX BOTH PAGES BACK TO TRIDENT

TRIDENT FAX # 215-293-0701