



Application for Credit

Date: _____

Company Name: _____

Shipping Address: _____

Street			
City	State	Zip Code	Country

Billing Address: _____

Street			
City	State	Zip Code	Country

Main Contact: _____

Phone Number: _____

Email Address: _____

Please Supply Three (3) Trade References:

	Company #1	Company #2	Company #3
Company Name:			
Company Address:			
City:			
State:			
Zip:			
Phone Number:			
Fax Number:			
Contact Person:			

Further Instructions:

Please complete all information. Also include a copy of your State Sales and Use Tax Exemption Certificate.
Submit via Email to: sales@tridentdirect.com