

# Trinity Metals Laboratory, Inc

## Application for Credit

This application must be completed in detail. Return fully completed form to: Trinity Metals Lab.,  
Attention: Credit Dept. 2525 N Stemmons Fwy Dallas, TX 75207.  
Fax: 214-589-7410

### Business Information

Company Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Corporation: \_\_\_ Partnership/Proprietorship: \_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Since: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Information on Officers

President/CEO: \_\_\_\_\_  
Treasurer/VP Finance: \_\_\_\_\_  
Operations Manager: \_\_\_\_\_  
Accounts Payable Manager: \_\_\_\_\_

### For Proprietorships/Partnerships

Owner 1 Name: \_\_\_\_\_ Percent Ownership: \_\_\_\_\_  
Home Address: \_\_\_\_\_ SS#: \_\_\_\_\_  
Owner 2 Name: \_\_\_\_\_ Percent Ownership: \_\_\_\_\_  
Home Address: \_\_\_\_\_ SS#: \_\_\_\_\_

If more than two owners, please attach a separate sheet with the same information above.

### Estimations of Sales

Estimated TOTAL ANNUAL SALES VOLUME expected : \$ \_\_\_\_\_  
Estimated MONTHLY PEAK SALES VOLUME expected : \$ \_\_\_\_\_

### Reference Information

#### Bank Reference:

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

#### Trade References:

Name #1: _____	Account #: _____
City/State/Zip: _____	Phone: _____
Fax: _____	
Name #2: _____	Account #: _____
City/State/Zip: _____	Phone: _____
Fax: _____	
Name #3: _____	Account #: _____
City/State/Zip: _____	Phone: _____
Fax: _____	
Name #4: _____	Account #: _____
City/State/Zip: _____	Phone: _____
Fax: _____	

**Release and Terms**

Applicant Company Name: \_\_\_\_\_

The undersigned, acting as the duly authorized agent/representative for the above named company, certifies that the information contained on this application is true to the best of his/her knowledge. Further, the undersigned authorizes Trinity Metals Laboratory Inc., its agents and/or assigns to investigate and inquire of any other sources deemed appropriate for the determination of the applicant company's credit worthiness and business history.

Applicant agrees to Trinity Metals Laboratory, Inc., standard terms of sale. All unpaid balances after agreed standard terms are subject to a service charge of 1.5% per month. In the event that it becomes necessary for Trinity Metals Laboratory, Inc., to refer an account to a collection agency or attorney to enforce payment, all reasonable legal fees, applicable and allowable service charges will be paid by the Debtor Company.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_