

TRINITY SALES L.L.C.
2225 S. West Street * Wichita, KS 67213
Tel: (316) 942-5555
Email: ar@trinitysales.com
Admin@TrinitySales.com

CREDIT APPLICATION & AGREEMENT

Company Name: _____

Accounts Payable Contact & Number: _____

Preference to receive invoices: Fax: _____ Email: _____

Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Physical Location (if different): _____

Phone: _____ **Fax:** _____ **Email:** _____

Years in Business _____ **Federal ID Number:** _____ **PO Required?** _____

Credit Limit Requested: _____ **Tax Exempt?** _____ **Tax Resale # (if applicable):** _____

If exempt, give reason: _____

Business Type: Corporate: _____ Proprietorship: _____ Partnership: _____ LLC: _____

Principal Owner/Title: _____ **Address:** _____ **Phone & Email:** _____

Bank Name: _____ **Contact:** _____ **ACCT #:** _____

Address: _____ **Phone:** _____ **Email:** _____

Credit References: - Please Provide 4 Trade References, including Fax and Email.

Name: _____ **Address:** _____

ACCT #: _____ **Phone:** _____ **Email:** _____

Name: _____ **Address:** _____

ACCT #: _____ **Phone:** _____ **Email:** _____

Name: _____ **Address:** _____

ACCT #: _____ **Phone:** _____ **Email:** _____

Name: _____ **Address:** _____

ACCT#: _____ **Phone:** _____ **Email:** _____

Trinity Sales LLC Credit Agreement

Terms: (Signature required)

Our credit terms are payment in full within 30 days from date of invoice. Any past due account is subject to being placed on C.O.D. until paid in full. Repeated late payments will result in charging privileges being revoked. Applicant acknowledges and agrees to pay a service charge of 1-1/2% per month that may be charged on balances not paid within terms. As an inducement to grant credit, the undersigned agrees to the need for verification of all information on the application, **and authorizes release to all banks, businesses and persons identified on this application to furnish any and all information needed in the approval of this application.** Applicant agrees to pay the account as stated in the terms above. In the event the account is not paid on time, applicant agrees to pay reasonable collections costs and attorney fees incurred during the collection process.

Applicant Name (Print Please): _____ **Date:** _____

Applicant Signature: _____ **Title:** _____

Company: _____

Guaranty: _____

In consideration for the extension of credit by Trinity Sales to the above-named applicant, I the undersigned guarantee the payment of the applicant's account. This is a continuing guaranty and shall cover fixture indebtedness, including indebtedness arising under successive transactions that either continue the indebtedness or, from time to time, renew it after it has been satisfied. Creditor may proceed against guarantor(s) whether applicant is joined in such action or not. This application shall remain in effect and apply to all transactions notwithstanding any change in composition of the applicant.

Signature: _____ **Date:** _____

****Must complete and sign both pages of credit application****