



ACCOUNT APPLICATION FORM

This application and financial information is only for use by Tri-Ed Distribution Inc./Tri-Ed Ltd's Credit Department to open an account and will be held strictly confidential. Financial Statements are required if amount requested is over \$10,000. Copy signatures will serve as originals.

SECTION 1: COMPANY INFORMATION

COMPANY NAME:		PARENT COMPANY:	
Billing Address:			
City:		State/Province:	Zip/Postal Code:
Phone:		Fax:	
Shipping Address:			
City:		State/Province:	Zip/Postal Code:
Company Website:		Dun & Bradstreet #	

TYPE OF BUSINESS:	Corporation <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	
	Partnership <input type="checkbox"/>	Other: <input type="checkbox"/>	
State/Province of Incorporation:		Year of Incorporation:	

Sales Rep:

Amount of Credit Requested:

SECTION 2: CORPORATE OFFICER/CONTACT INFORMATION

OFFICER NAME/ TITLE:	SS # (US & PR Only):
Address:	
Phone #:	E-Mail:
OFFICER NAME/ TITLE:	SS # (US & PR Only):
Address:	
Phone #:	E-Mail:

A/P CONTACT:	E-Mail:
A/P Phone:	A/P Fax:
Would you prefer Statements and/ or Invoices by: Mail <input type="checkbox"/> E-Mail: <input type="checkbox"/>	
If by e-mail: Statements <input type="checkbox"/> Invoices <input type="checkbox"/> Both <input type="checkbox"/>	

SECTION 3: TRADE REFERENCES

COMPANY 1:	CONTACT:
Phone:	Fax:
Address:	Account #:

COMPANY 2:	CONTACT:
Phone:	Fax:
Address:	Account #:

COMPANY 3:	CONTACT:
Phone:	Fax:
Address:	Account #:

SECTION 4: BANK REFERENCE

BANK:	CONTACT:
Phone:	Fax:
Address:	
Account Type (Checking/ Savings/ Other)	Account #:
Account Type (Checking/ Savings/ Other)	Account #:
Account Type (Checking/ Savings/ Other)	Account #:
Loan Type	Loan Limit
Secured/ Unsecured	Amount Utilized

TERMS & CONDITIONS

1. The information given is warranted to be true and given for the purpose of obtaining an account. The applicant consents to the opening of an account, and authorizes release of company and/or personal information as may be required in connection with the credit line hereby applied, and for any renewal or extension thereof. The applicant also agrees to the disclosure of any trade information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations.
2. In the event credit privileges are extended, I/We agree to abide by the terms of sale.
3. I/We agree to pay interest charges on overdue accounts at the rate of 1.5% per month.
4. I/We agree to pay any applicable fees for a check returned due to insufficient funds.
5. "Net" account balances paid by credit card will be subject to a 2% bank fee.
6. Merchandise will not be accepted for return unless authorized by Tri-Ed, by obtaining an "RMA" number from the branch.
7. Merchandise authorized for return will be subject to a restocking charge.
8. Failure to comply with these Terms and Conditions may result in cancellation of credit privileges without notice.

**I HEREBY AUTHORIZE THE RELEASE OF INFORMATION TO TRI-ED DISTRIBUTION INC./TRI-ED LTD
FOR THE PURPOSE OF OPENING AN ACCOUNT**

SIGNATURE: _____ PRINT: _____

GUARANTEE OF PAYMENT

In consideration of the extension of an account to the above applicant the undersigned, jointly or severally, hereby guarantees payment of any indebtedness which is incurred by _____ to Tri-Ed Distribution Inc/Tri-Ed Ltd. This guarantee shall accrue to be for the benefit of Tri-Ed Distribution Inc./Tri-Ed Ltd, its successors and assignees. In the event of any default at any time by the purchaser hereinabove mentioned, Tri-Ed Distribution Inc /Tri-Ed Ltd shall be entitled to look to the undersigned immediately for such payment without prior demand or notice. The liability of the undersigned shall not be impaired or affected by any extension of time or other indulgence which Tri-Ed Distribution Inc /Tri-Ed Ltd., may in its limitation and shall extend to all purchases until revocation by registered mail. Such notice of revocation shall be ineffective as to any existing indebtedness and any transaction previously undertaken by Tri-Ed Distribution Inc /Tri-Ed Ltd in reliance upon this guarantee. Should this guarantee not be honored on demand, and the matter placed in the hands of an attorney, the undersigned shall pay all costs of collection, including reasonable attorney fees.

SIGNATURE: _____ PRINT: _____

CANADIAN RESIDENTS ONLY

Please include a copy of your business license or the front page of your Letter of Incorporation.
 Fax completed Application & Business License to (516) 921-2384.
 For Inquiries please call the Credit Department (888) 664-6686.

US & PR RESIDENTS ONLY

Fax completed Application to (516) 921-2384
 For Inquiries please call the Credit Department (877) 884-8858.