



### ACCOUNT APPLICATION FORM

This application and financial information is only for use by Tri-ed ULC. 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.

<b>SECTION 1: COMPANY INFORMATION</b>		
<b>COMPANY LEGAL NAME:</b>		<b>PARENT COMPANY:</b>
Billing Address:		
City:	State/Province:	Zip/Postal Code:
Phone:		Fax:
Shipping Address:		
City:	State/Province:	Zip/Postal Code:
Company Website:		Federal Tax ID # (US Only)

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

<b>Tri-Ed Sales Rep:</b>
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<b>Are you an Existing Anixter Customer (Y/N)?</b> _____	Tri-Ed Acct# _____	Power Solutions Acct # _____
	Anixter Inc Acct # _____	Clark Acct# _____

<b>Amount of Credit Requested:</b>
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<b>SECTION 2: CORPORATE OFFICER/CONTACT INFORMATION</b>	
<b>OFFICER NAME/ TITLE:</b>	SS # (US & PR Only):
Address:	
Phone #:	E-Mail:
<b>OFFICER NAME/ TITLE:</b>	SS # (US & PR Only):
Address:	
Phone #:	E-Mail:
<b>A/P CONTACT:</b>	E-Mail:
A/P Phone:	A/P Fax:
<b>E-mail address to send Invoices and Statements</b>	

<b>SECTION 3: TRADE REFERENCES</b>	
<b>COMPANY 1:</b>	<b>CONTACT:</b>
Phone:	Fax:
Address:	Account #:
<b>COMPANY 2:</b>	<b>CONTACT:</b>
Phone:	Fax:
Address:	Account #:

<b>INTERNAL USE ONLY</b>
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**SECTION 4: BANK REFERENCE**

<b>BANK:</b>	<b>CONTACT:</b>
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. Applicant hereby acknowledges and agreed that in the event a lawsuit is commenced with respect to this account, including but not limited to collection on past due balances, the legal terms, conditions and provisions found at [http://www.tri-ed.com/pdf/tried\\_termsandconditions.pdf](http://www.tri-ed.com/pdf/tried_termsandconditions.pdf) as of this the date of this application, including any addenda referenced therein, shall govern and are incorporated herein by reference.
3. In the event a lawsuit is commenced to collect past due balances and the Applicant wishes to pay off the balance in full prior to judgment, Tri-ed ULC. shall, in addition to principal and interest, be entitled to attorney, suit or collection fees incurred to that point.
4. In the event credit privileges are extended, I/We agree to abide by the terms of sale.
5. I/We agree to pay interest charges on overdue accounts.
6. I/We agree to pay any applicable fees for a check returned due to insufficient funds.
7. "Net" account balances paid by credit card will be subject to a 2% bank fee.
8. Merchandise will not be accepted for return unless authorized by obtaining an "RMA" number from the sales branch.
9. Merchandise authorized for return will be subject to a restocking charge.
10. 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 ULC FOR THE PURPOSE OF OPENING AN ACCOUNT**

**\*\*\*MUST be an authorized signer or officer of the company\*\*\***

**\*\*\*Handwritten or Legal Digital Signatures ONLY\*\*\***

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**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 ULC. This guarantee shall accrue to be for the benefit of Tri-ed ULC. , its successors and assignees. In the event of any default at any time by the purchaser hereinabove mentioned, Tri-ed ULC. shall be entitled to look to the undersigned immediately for such payment without prior demand or notice. By signing below, the undersigned individual is providing written consent for the review of his/her personal credit profile in relation to a commercial line of credit. The liability of the undersigned shall not be impaired or affected by any extension of time or other indulgence which Tri-ed ULC. , 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 ULC. 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. Guarantor hereby acknowledges and agreed that in the event a lawsuit is commenced with respect to this account, including but not limited to collection on past due balances, the legal terms, conditions and provisions found at [http://www.tri-ed.com/pdf/tried\\_termsandconditions.pdf](http://www.tri-ed.com/pdf/tried_termsandconditions.pdf) as of this the date of this application, including any addenda referenced therein, shall govern and are incorporated herein by reference.

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

**CANADIAN RESIDENTS ONLY**

Please include a copy of your business license or the front page of your Letter of Incorporation. Fax completed App & Business License to (516) 921-2384 or email to [creditapps@tri-ed.com](mailto:creditapps@tri-ed.com).

For Inquiries please call the Credit Department (888) 664-6686.

**US & PR RESIDENTS ONLY**

Fax completed Application to (516) 921-2384 or email to [creditapps@tri-ed.com](mailto:creditapps@tri-ed.com).

For Inquiries please call the Credit Department (877) 884-8858.