



**All Fields Required**

Business Name: \_\_\_\_\_ Line of Credit Requested: \$ \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_  
D/B/A \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Former Business Address (if applicable): \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

How Long in Business: \_\_\_\_\_

Mortgage Holder/Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Does State, County, or City require a License?  Yes  No If Yes, License # \_\_\_\_\_

**Ownership:**  Sole Proprietorship  Partnership  Corporation

Principal: \_\_\_\_\_  
(Name) (Title) (SS#)

Principal: \_\_\_\_\_  
(Name) (Title) (SS#)

Principal: \_\_\_\_\_  
(Name) (Title) (SS#)

Principal: \_\_\_\_\_  
(Name) (Title) (SS#)

**Trade References**

Company / Contact

Address / Phone # / Fax #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bank References**

(Name)	(Address)	(Acct #)	(Contact)
(Name)	(Address)	(Acct #)	(Contact)
(Name)	(Address)	(Acct #)	(Contact)
(Name)	(Address)	(Acct #)	(Contact)

**No. of Employees:** \_\_\_\_\_ **Est. Annual Sales:** \_\_\_\_\_ **Sales Area:** \_\_\_\_\_

## Trinity3 Technology Credit application - Page 2

Has the firm or any of its principals ever been Bankrupt?  Yes  No

If Yes, Please Explain: \_\_\_\_\_

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (terms \_\_\_\_\_) and agrees to pay a service charge of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

_____			Date _____
(Name of Business)			
_____	_____	_____	Date _____
(Print Name)	(Title)	(Signature)	
_____	_____	_____	Date _____
(Print Name)	(Title)	(Signature)	

### Personal Guarantee - if less than 2 years in Business

In consideration for **TRINITY3 TECHNOLOGY** extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to **TRINITY3 TECHNOLOGY** by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between **TRINITY3 TECHNOLOGY** and the business. **TRINITY3 TECHNOLOGY** shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by **TRINITY3 TECHNOLOGY**.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by **TRINITY3 TECHNOLOGY**. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(name of person guaranteeing payment, NO TITLE)

Home address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ SS# \_\_\_\_\_

Signature of person guaranteeing payment: \_\_\_\_\_ Date \_\_\_\_\_

Name of Business whose account is guaranteed: \_\_\_\_\_

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#### CREDIT DEPARTMENT USE ONLY

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

Line of Credit:  Approved  Denied Amount: \$ \_\_\_\_\_

Comments: \_\_\_\_\_