

Tripair Ref No: _____



Toll Free:
Ph# 800-222-1142
Fax# 800-648-9015
Local:
Ph# 630-980-5100
Fax# 630-980-9417

Web Site: www.tripar.com
Email: orders@tripar.com

New Account Information & Credit Application

Business State Resale Tax No. _____

Business Name _____ DBA _____

Address Line 1 _____ Phone _____

Address Line 2 _____ Fax _____

City _____ State _____ Zip _____ Email _____

Owner's Name _____ Type of Business Wholesaler Distributor

How long in business? _____ Legal Status Sole Proprietor Corporation Partnership

A/P Contact _____ Phone _____ Fax _____

Email _____

Buyer Name _____ Email _____ Phone _____

Buyer Name _____ Email _____ Phone _____

Payment options: Credit Card (all orders) Credit Card (1st order only)
 Net 30 Day Terms (subject to credit approval) Prepay by Company Check

List Business References (below) Attach Document with References ***Accounts providing their own credit sheet must sign Tripair's Credit Agreement below**

1 Name _____ Fax _____ Phone _____
City _____ State _____ Acct _____ Email _____

2 Name _____ Fax _____ Phone _____
City _____ State _____ Acct _____ Email _____

3 Name _____ Fax _____ Phone _____
City _____ State _____ Acct _____ Email _____

4 Name _____ Fax _____ Phone _____
City _____ State _____ Acct _____ Email _____

5 Name _____ Fax _____ Phone _____
City _____ State _____ Acct _____ Email _____

Bank Name _____ Fax _____ Phone _____
City _____ State _____ Acct _____ Email _____

Credit Agreement

Accounts requesting Net 30 terms must sign this Agreement. Applicant's signature attests acceptance of agreement, financial responsibility, ability and willingness to pay Tripair International, Inc. invoices in accordance within invoice terms. Terms of payment are Net 30 Days from invoice date. Interest will be paid to Tripair, by the applicant, at the rate of 1.5% per month on any amount which becomes delinquent. The undersigned agrees to be responsible for all collection costs and attorney's fees, court cost and post-judgment interest, if default litigation occurs. This agreement shall be enforced in accordance with the laws of the State of Illinois. The applicant hereby gives permission to disclose its experience with the Bank and Credit References as indicated above (or attached) to Tripair. This information is to be used in consideration of granting credit to the applicant. Acceptance of terms and conditions as hereby set forth by authorized person.

* Applicant Signature: _____ Date: _____

(Print Name) Title: _____

Credit Card Information

Cardholder Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Email: _____

PLEASE NOTE: For security reasons, credit card number, CCV, and credit card expiration date will be collected over the phone.

To provide this information, please select one of the following options:

- I will contact Tripar Customer Service at 800-222-1142
- Call me for credit card information at phone number provided above