



10320 Little Patuxent Parkway,
 Suite 200
 Columbia, MD 21044
www.tricerat.com
 Tel. No.: (800) 582-5167
 Fax No.: (410) 715-3926

**CREDIT
APPLICATION
FORM**

Important: Please fill-out form in your word processor and provide all requested information. Failure to do so may cause delay in the approval process. You may send additional financial information on a separate page. **Make sure authorized signatures are provided when required.** Please fax back form to (410) 715-3926 Attention: Accounting Department.

If you can affix electronic signatures, please save file and email to reseller@tricerat.com.
 File naming scheme is "CA + Your company name". For example: CAtriCerat.doc

COMPANY INFORMATION:

Company Name (Legal name)			Tel. No.:	
Trade Name/Doing Business As:			Fax No.:	
Billing Address	City	State	Zip	Country
Shipping Address	City	State	Zip	Country
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		Year Started:	State of Inc.	
		Reseller's Permit No.	Federal Tax ID No.	
Officer/Owner		Title	Dun and Bradstreet No.	
Home Address:	City	State	Zip	Country
Email	SSN	Birthdate mm/dd/yy		
Authorized Purchaser		Position		
Email	Tel. No.		Company Website	

**Bank and Trade References and Authorization to Release Confidential Financial Information
 MUST be completed to be considered for Net Terms.**

BANK REFERENCES:

Bank1	Contact Name	Position	Phone No.	
Address	City	State	Zip	
Checking No.	Savings No.	Routing No.		
Bank2	Contact Name	Position	Phone No.	
Address	City	State	Zip	
Checking No.	Savings No.	Routing No.		

AUTHORIZATION to release CONFIDENTIAL FINANCIAL INFORMATION:

I hereby authorize release of all banking and credit information, business and/or personal requested by triCerat Inc for the purpose of extending credit. This form may be reproduced or photocopied, and a faxed or email copy shall be as valid authorization as the original which I have signed.		
Name	Authorized Signature	Date

TRADE REFERENCES: Please provide names of two major suppliers – industry related purchase during the past 12 months.

Company1	Contact Name	Position	Phone No.
Address		City	State Zip
Company2	Contact Name	Position	Phone No.
Address		City	State Zip

CREDIT CARD INFORMATION:

Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover	Expiration Date:
Credit Card No.:	Phone No.
Credit Card Billing Address	
I am an authorized user of the above credit card. I hereby give triCerat Inc. permission to charge purchases of product to the above credit card when requested verbally or in writing. This authorization will remain in effect until written notice of cancellation is received by triCerat Inc.	
Cardholder's Name (As it appears on card)	Signature

Please complete this section if you have a proprietorship type of business.

PERSONAL GUARANTY:			
I, _____, residing at _____			
(print Guarantor's Name)		Guarantor's home address	
<p>hereby guaranty to TRICERAT INC. the prompt payment, when due, of every claim of TRICERAT INC. which now exists or may hereafter arise in favor of TRICERAT INC. against CUSTOMER. This is a continuing guaranty and shall remain in force until revoked by notice in writing to TRICERAT INC., such revocation to be effective only as to claims of TRICERAT INC. which arise out of transactions entered into after its receipt of such notice. This obligation shall cover the renewal of any claims guaranteed by this instrument or extension of the time payment thereof, and shall not be affected by any surrender or release by TRICERAT INC. of any other security held by it for any claim hereby guaranteed.</p> <p>The undersigned waives notice of acceptance hereof, notice of nonperformance or nonpayment by CUSTOMER, notice of presentment, demand for payment, or any & all further demands or other notices.</p> <p>In the event that this guaranty is placed in the hands of an attorney for enforcement hereof, the undersigned promises and agrees to pay the reasonable attorney's fees incurred, and if suit or action is filed hereon, also promises to pay reasonable attorney's fees to be fixed by the trial court and appellate court, if any.</p> <p>The undersigned personally guarantees payment of all debt incurred by CUSTOMER to TRICERAT INC.</p>			
Signature	Date	SSN	Birthdate mm/dd/yy

Reserved for triCerat use only:

Approved for the following terms: <input type="checkbox"/> Net 30 <input type="checkbox"/> Company Check <input type="checkbox"/> Credit Card	Approved by: _____ Accounting Department triCerat, Inc.	Remarks:
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