



CUSTOMER APPLICATION FOR CREDIT

Company Name: Billing Address: Shipping Address: Business Phone: Type of Business: Buyer Contact: Accounts Payable Contact: Invoicing Preferences			Salesperson: City, State & Zip: City, State & Zip:	
			State Licensed:	
			Phone Number & Email Address:	
			Phone Number & Email Address:	
			Email:	
			Do you want to receive statements? Y or N	
Is a PO# or Job Name required on all			Tax	
orders?		Y or N	Exempt #:	
				Please include tax exemption form
Principals:				
Name	Title	SSN#	Home Addre	ess Phone
Name	Title	SSN#	Home Addre	ess Phone
Bank Reference			Release of Confi	idential Information:
Name:				we authorize the release of credit information from the
Address:				isted on this application to Triangle Fastener
Phone:			 Corporation. I/We understand this information will be used solely for the purpose of determining credit. Terms: In signing this application I/we do so with the understanding that I/we 	
Credit References				
1. Name:				
Phone:			agree to pay all purchases according to Triangle Fastener Corporation	
Fax:			Terms. Our terms are: 1% 10 NET 30.	
2. Name:			- Initials	
Phone:			Initials:	
Fax:			Annual Purchases with TFC:	
3. Name:				
Phone:			2004 254 2504 204 2004 204 4504 454 4004 424	
Eav.				
Customer Class:			Salespersor	n Review Date:
				Credit Limit
Customer Signature			Date:	Requested: \$
*TFC USE ONLY:	Approved b	v:	Limit:	D&B Rating: