



# Trionics, L.L.C.

16910 Texas Ave., Suite A8 Webster, TX 77598  
281-338-2688 Fax 281-338-2686

## CUSTOMER CREDIT APPLICATION

Please PRINT and fax completed form to 281.338.2686

BUSINESS NAME			NATURE OF BUSINESS		
ADDRESS				DATE ESTABLISHED	
CITY	STATE	ZIP	PHONE	FAX	
TYPE OF BUSINESS					
<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> LIMITED PARTNERSHIP		<input type="checkbox"/> PROPRIETORSHIP	

### BANKING:

SAVINGS      BANK NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_ PHONE \_\_\_\_\_  
 CHECKING  
 LOAN      ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### REFERENCES:

	COMPANY NAME	ADDRESS	CITY	STATE	ZIP	PHONE	FAX
1.	_____						
2.	_____						
3.	_____						

PURCHASE ORDER REQUIRED? Y / N      CREDIT LINE DESIRED \$ \_\_\_\_\_

STATE TAX EXEMPTION NO. \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

SPECIAL INVOICING INSTRUCTIONS \_\_\_\_\_

Should Trionics, L.L.C. approve this application, I (we) agree to pay for all goods & services in strict accordance with the terms indicated on the invoice(s). Trionics, L.L.C. is authorized to contact any references or banks listed above solely for the purpose of evaluating creditworthiness. I (we) acknowledge & agree that interest at the rate of 1% per month will be charged on all balances remaining unpaid after invoice due date(s). In the event of default and referral to an attorney, I (we) agree to pay all costs of collection including reasonable attorneys' fees.

Signature

COMPANY OFFICER/  
PARTNER/OWNER \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

<input type="checkbox"/> Credit Approved		FOR TRIONICS, L.L.C. USE ONLY	
<input type="checkbox"/> Credit Declined		TRW No. _____	SIC _____
		TRW Rating _____	\$ Limit _____