

Trinity Heads, Inc. Application for Credit

This application must be completed in detail. A valid resale / use exemption certificate must be provided or sales tax will be applied to the appropriate ship to state where applicable.

Return fully completed form to:

Email: tina.gorski@trin.net

Phone: 214-589-8042 Fax: 855-840-2918

US / Express Mail: Trinity Heads, Inc. Attn: Tina Gorski, 2525 N Stemmons Frwy., Dallas, TX 75207

Business Information

Company Name: _____ Taxpayer ID Number: _____
 Physical Address: _____ Corporation: _____ Partnership/Proprietorship: _____
 City: _____ State: _____ Zip: _____ State of Incorporation: _____ Since: _____
 Billing Address: _____ Phone Number: _____
 City: _____ State: _____ Zip: _____ Fax Number: _____

Information on Officers

President/CEO: _____ Treasurer/VP Finance: _____
 Operations Manager: _____ Accounts Payable Mgr: _____

For Proprietorships/Partnerships

Owner 1 Name: _____ Percent Ownership: _____
 Home Address: _____ SS#: _____
 Owner 2 Name: _____ Percent Ownership: _____
 Home Address: _____ SS#: _____

If more than two owners, please attach a separate sheet with the same information above.

Estimations of Sales

Estimated TOTAL ANNUAL SALES VOLUME expected : \$ _____

Estimated MONTHLY PEAK SALES VOLUME expected : \$ _____

Have you received a quote from Trinity? _____ If so, please provide the Trinity Sales name: _____

Reference Information

Bank Reference:

Bank Name: _____ Account #: _____
 City/State/Zip: _____ Phone: _____
 Fax: _____

Trade References:

Name #1: _____ Account #: _____
 City/State/Zip: _____ Phone: _____
 Fax: _____

Name #2: _____ Account #: _____
 City/State/Zip: _____ Phone: _____
 Fax: _____

Name #3: _____ Account #: _____
 City/State/Zip: _____ Phone: _____
 Fax: _____

Release and Terms

Applicant Company Name: _____

The undersigned, acting as the duly authorized agent/representative for the above named company, certifies that the information contained on this application is true to the best of his/her knowledge. Further, the undersigned authorizes Trinity Heads, Inc., its agents and/or assigns to investigate and inquire of any other sources deemed appropriate for the determination of the applicant company's credit worthiness and business history.

Applicant agrees to Trinity Heads, Inc.'s standard terms of sale. In the event that it becomes necessary for Trinity Heads, Inc. to refer an account to a collection agency or attorney to enforce payment, all reasonable legal fees, applicable and allowable service charges will be paid by the Debtor Company.

Signed: _____ Date: _____

Print Name: _____ Title: _____