



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: kurt.norman@trin.net

Phone: 214-589-8415 Fax: 214-589-8883

US / Express Mail: Trinity Heads, Inc. Attn: Kurt Norman , 14221 N. Dallas Pkwy, Suite 1100 Dallas, Tx 75254

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: _____

Ownership Information

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: _____

How to sign the credit application for the first time

1. Click inside of the signature box. The signature box is light blue with a picture of a red sticky note in the top left corner.
2. In the Sign As: field, click the chevron (drop down arrow) and select New ID.
3. Select A new digital ID I want to create now.
4. Click Next.
5. Select New PKCS#12 digital ID file.
6. Click Next.
7. Fill in your Name, Organizational Unit, Organization Name, Email Address and Country/Region.
8. Click Next.
9. Click Browse... and navigate to where you would like to save the .pfx file. Saving to the desktop is NOT recommended.
10. Create a password.
11. Confirm your password.
12. Click Finish.
13. In the Password: field under the Sign As: field, enter the password that you created in Step 10 and 11.
14. Click Sign.
15. Navigate to where you would like to save your signed credit application.