

Triad Corrugated Metal, Inc.

Credit Application for a Business Account

Business Contact Information

Company Name:		Sales Representative:	
Contact Person:		Driver's License Number:	
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

Business and Credit Information

Primary business address:			
City:	State:	ZIP:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:			
City:	State:	ZIP:	Phone:
Type of account	Account number		
Savings			
Checking			
Other			

Business and/or trade references

Company name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			

Agreement

1. All invoices are to be paid 10 days from the date of the invoice.
2. Claims arising from invoices must be made within 7 working days.
3. By submitting this application you authorize Triad Corrugated Metal, Inc. to make inquiries to the banking, savings, business, and/or trade references you have supplied.
4. Any default that occurs that requires collection/attorney fees must be paid.

Signatures

Title:	Title:
Date:	Date:

Please mail/fax application to our corporate office:

Triad Corrugated Metal, Inc.
 PO Box 4907
 Asheboro, NC 27204-4907
 Ph: (336) 633-6111
 Fax: (336) 633-6143
 Visit us on the web at: www.com.com

