



Thank you for your application for establishing an account with The Trident Company. It is important that we receive all of the requested information for review your application. Please complete fully and sign the credit application, the resale certificate and also your shipping specifications.

Our Credit Policy

1. Open credit will be given to accounts upon satisfactory review of credit references and a signed application stating our selling terms.
2. Accounts will be considered past terms when specific invoices are not paid within the stated selling terms.
3. Accounts will be considered past due when specific invoices are more then 15 days beyond the due date.
4. Accounts with past due invoices must receive credit approval before additional charges may be made on an open account basis.
5. Accounts with invoices which are more then 60 days beyond the due date are at risk for delayed shipments and will be considered for possible "COD Terms" only.

Please use the following information to either fax or mail your credit application.

For our Boston Location

The Trident Company
P.O. Box 853900
Richardson, Texas 75085
Attn: Credit Department
Fax: 972-699-3295



Terms: One half percent (.5%) discount if paid in 10 days, Net balance due 30 days from Invoice date. Any amount not received within 30 days from Invoice date may be subject to a daily interest charge of .0493% (Annual Percent Rate 18.00%). If suit is commenced to collect any past due amounts, prevailing party shall be entitled to reasonable attorney fees and costs. All sales shall be subject to The Trident Company's Terms and Conditions.

Company Name		President
Street Address	(Area Code) - Telephone	Vice President
City/State/Zip	Fax	Controller/Treasurer
Mailing Address		Buyer
City/State/Zip		Is Present Location Owned? <input type="checkbox"/> Rented? <input type="checkbox"/>
Nature of Business (In Detail)		Rented From
No. of Employees	Credit Line Requested	Address
Are you a <input type="checkbox"/> Subsidiary <input type="checkbox"/> Division	Parent Name	<input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship
Address of Parent Company		How long in Bus.?
		<input type="checkbox"/> Corporation In Which State? Year

Bank Reference

Bank Name	Checking Account #
Address	Loan Account #
City/State/Zip	(Area Code) - Telephone
Account Officer	

Additional Information

Trade Reference

Office Use Only

Name	Contact	
Address	(Area Code) - Telephone	
City/State/Zip	Fax	
Name	Contact	
Address	(Area Code) - Telephone	
City/State/Zip	Fax	
Name	Contact	
Address	(Area Code) - Telephone	
City/State/Zip	Fax	
Name	Contact	
Address	(Area Code) - Telephone	
City/State/Zip	Fax	

Account Agreement

D & B	Truck No.	Credit Limit
HACM	R. Code	Comments
Credit Manager Signature		Salesman

Approved COD Remit payments to: P.O. Box 671024, Dallas, Texas 75267-1024

NOTICE--BY SIGNING THIS APPLICATION THE COMPANY AGREES TO THE FOLLOWING:

The Company understands and agrees that the above information is being providing for the purpose of obtaining credit. The Company represents and warrants that all information is true and correct and agrees to promptly inform The Trident Company in writing of any changes in the information, including a change of the Company's principal place of business or billing address.

The Company hereby consents to and authorizes The Trident Company to obtain information and investigate all information provided including contacting the references listed. The Company releases The Trident Company, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

Firm Name _____

By _____

Position _____

Date _____



Form ST-4 Sales Tax Resale Certificate

Rev. 3/05
Massachusetts
Department of
Revenue

Name of purchaser _____ Social Security or Federal Identification number _____

Address _____

City/Town _____ State _____ Zip _____

Type of business in which purchaser is engaged: _____

Type of tangible personal property or service being purchased (be as specific as possible): _____

Name of vendor from whom tangible personal property or services are being purchased: _____

Address _____ City/Town _____ State _____ Zip _____

I hereby certify that I hold a valid Massachusetts Vendor's Registration, issued by the Commissioner of Revenue, pursuant to Massachusetts General Laws, Chapter 64H, section 7, and that I am in the business of selling the kind of tangible personal property or services being purchased under this certificate, and that I intend to sell such property or services in the regular course of my business.

Signed under the penalties of perjury.

Signature of purchaser _____ Title _____ Date _____

Check applicable box: Single purchase certificate Blanket certificate

Notice to Vendors

1. Massachusetts General Laws assume that all gross receipts of a vendor from the sale of tangible personal property and services are from sales subject to tax, unless the contrary is established. The burden of proving that a sale of tangible personal property or service by any vendor is not a retail sale is placed upon the vendor unless he/she accepts from the purchaser a certificate declaring that the property or service is purchased for resale.
2. A resale certificate relieves the vendor from the burden of proof only if it is taken in good faith from a purchaser who is engaged in the business of selling tangible property or services and who holds a valid Massachusetts sales tax registration.
3. The good faith of the vendor will be questioned if he/she has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property or services. For example, knowledge that a purchaser of particular merchandise is not engaged in the business of selling the kind of merchandise or service he/she is purchasing under this certificate would constitute grounds to question the good faith of the vendor.
4. The vendor must make sure that the certificate is filled out properly and signed before accepting it.
5. The vendor must retain this certificate as part of his/her permanent tax records.

If you have any questions about the acceptance or use of this certificate, please contact: **Massachusetts Department of Revenue, Customer Service Bureau, PO Box 7010, Boston, MA 02204, or call (617) 887-MDOR or toll-free, in-state 1-800-392-6089.**

Notice to Purchasers

1. This certificate is to be used when the purchaser intends to resell the tangible personal property or service in the regular course of business. Manufacturers claiming an exempt use of the materials, tools and fuel which will be used in the manufacture, processing or conversion of tangible personal property should use Form ST-12, Exempt Use Certificate. Tax-exempt organizations making purchases for other than resale are to use Form ST-5, Exempt Purchaser Certificate.
2. The purchaser must hold a valid Massachusetts vendor registration. If you need to apply for a registration, go to www.mass.gov/dor and click on WebFile for Business to complete an online application for registration.
3. This certificate must be signed by and bear the name and address of the purchaser and his/her Federal Identification number. This certificate must also indicate the type of tangible personal property purchased and resold by the purchaser.
4. If a purchaser who gives a certificate makes any use of the property other than retention, demonstration or display while holding it for sale in the regular course of business, such property will be subject to the Massachusetts sales or use tax, as of the time the property is first used by him/her.
5. If you are engaged in a service activity, and are unsure as to the eligibility of the tangible personal property being purchased for resale, see the regulation on Service Enterprises, 830 CMR 64H.1.1.
6. For further information about the use of resale certificates, see the regulation on Resale and Exempt Use Certificates, 830 CMR 64H.8.1.

Warning: Willful misuse of this certificate may result in criminal tax evasion sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines.

This form is approved by the Commissioner of Revenue and may be reproduced.



Form ST-5 Sales Tax Exempt Purchaser Certificate

Rev. 6/09
Massachusetts
Department of
Revenue

Part 1. Exempt taxpayer information. To be completed by exempt government or 501(c)(3) organization.

Name _____

Address _____

City _____ State _____ Zip _____

Exempt Number _____

Issue Date _____ Date of expiration of certificate _____

Certification is hereby made that the organization named above is an exempt purchaser under Massachusetts General Laws, Chapter 64H, sections 6(d) or 6(e). All purchases of tangible personal property or services by this organization are exempt from taxation under said chapter to the extent that such property or services are used in the conduct of the business of the purchaser. Any abuse or misuse of this certificate by any tax-exempt organization or any unauthorized use of this certificate by any individual constitutes a serious violation and will lead to revocation.

Signature _____ Title _____ Date _____

Warning: Willful misuse of this certificate may result in criminal tax evasion sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines.

Part 2. Agent information. To be completed by agent of exempt government or 501(c)(3) organization.

Name of agent's organization _____

Address _____

City _____ State _____ Zip _____

Agent's Name _____

Address _____

City _____ State _____ Zip _____

I certify that in making this purchase, I am acting as an agent for the exempt organization named above (select one):

- Government organization (local public school, city/town government, state agency, etc.).
Attach Form ST-2, if available. If Form ST-2 is not available, enter exemption number, if known: _____
- 501(c)(3) organization (parochial school, Scout troop, etc.). Form ST-2 must be attached.

Signature _____ Title _____ Date _____

Part 3. Vendor information

Vendor's Name _____

Check applicable box:

- Single purchase certificate (attach detailed receipts or complete Part 4.)
 Blanket certificate

