



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 to the location you will be using.

For our Richardson, Austin, El Paso & Harlingen Locations

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

For our Odessa Location

The Trident Company
P.O. Box 60148
Midland, Texas 79711
Attn: Credit Department
Fax: 432-561-5477

For our Houston Location

The Trident Company
P.O. Box 40313
Houston, Texas 77040
Attn: Credit Department
Fax: 713-462-2959



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	How long in Bus.?
Address of Parent Company		<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 _____



TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

Name of purchaser, firm or agency	
Address (Street & number, P.O. Box or Route number)	Phone (Area code and number)
City, State, ZIP code	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: _____

Street Address: _____ City, State, ZIP code: _____

Description of items to be purchased on the attached order or invoice:

Purchaser claims this exemption for the following reason:

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

Purchaser Sign here	Title	Date
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NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.
THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.
Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do **not** send the completed certificate to the Comptroller of Public Accounts.