



Thank you for your application to establish an account with The Trident Company.

Our Credit Policy:

1. A line of credit will be given to accounts upon satisfactory review of credit references and a signed application acknowledging our selling terms. Standard terms are .5% 10 Net 30 Days
2. Accounts will be considered past terms when specific invoices are not paid within the stated selling terms.
3. Accounts with past due invoices must receive credit approval before additional charges may be made using the available credit line.
4. Accounts with invoices that routinely age more than 30 days beyond the due date are at risk for delayed shipments and will be considered for possible "COD Terms" only.

Completed applications may be submitted to:

Jessica Sanchez
Phone: 972.699.3262
Fax: 469.440.2838
Email: Jessica.Sanchez@trident-metals.com (preferred method for submission)

The Trident Company
ATTN: Jessica Sanchez
PO Box 853900
Richardson, TX 75085

ATTENTION: It is important that we receive all of the requested information in order to efficiently review your application for terms.

A few items to note:

1. **Completed application must be signed by an Officer, Director, or Controller of the Company.**
(Required for approval)
2. **Export and Buyer(s) Name(s) section must be completed.**
(Please include the names of all Purchasing employees that will be authorized to submit PO's to Trident.)
3. **Specify the dollar amount of the credit line you are requesting.**
4. **A copy of your Resale Tax License or Tax Exemption Certificate must be provided, if applicable. If a form is not provided, the account will be marked taxable.**

Please contact Jessica Sanchez, using the contact information above, should you have any questions or concerns in regards to your application.



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.

***Required for Processing**

Company Name*		President*
Street/Ship* To Address	(Area Code) – Telephone*	Vice President
City/State/Zip*	Fax	Controller
Billing Address*		Authorized Buyer(s)* (Full Name)
Billing Email		Authorized Buyer(s) (Full Name)
Dollar Amount of Credit Line Requested*	Tax ID Number*	Accounts Payable Contact*
Nature of Business (In Detail)		Accounts Payable Telephone Number*
Will you be exporting our Raw material outside of the US?* <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, to which countries?		Accounts Payable Email Address*
Are you a <input type="checkbox"/> Parent Name <input type="checkbox"/> Subsidiary <input type="checkbox"/> Division		Accounts Payable Fax Number
Dun & Bradstreet number (DUNS)		How many years in business?*

Bank Reference*

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

Trade Reference

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

Office Use Only

Comments	Credit Limit
	Terms
Credit Manager Signature	Date Sales

Approved COD **Remit payments to: P.O. Box 846196, Dallas, Texas 75284-6196**

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.

Name _____

Signature* _____

Position* _____

Must be signed by Owner,
Officer, Controller or Company Principal

Date _____



Company Name: _____

Date: _____

Please complete the information on this form carefully. If this form is not completed and on file with us, material arriving “not in accordance with your shipping specifications”, will not be automatic grounds for rejection.

Max Skid Weight _____

Receiving Hours _____

Receiving Days _____

Do you receive during the lunch hour? Yes No If no, what is your lunch hour? _____

Receiving Contact Name: _____

Phone Number: _____

Certification or Material Test Reports

_____ Required with every shipment

_____ On an As-Required basis only

Please note below any special delivery requirements not covered above. These will be added to your file and printed on each order.

ANY CHANGES TO THIS INFORMATION MUST BE PROMPTLY COMMUNICATED IN WRITING TO THE TRIDENT COMPANY.