



400 Hamburg Turnpike
Wayne, NJ 07470
973-942-5100 – 973-942-8728 (fax)

Welcome.

Thank you for your interest in Triarco Industries, Inc. Attached is the credit application you requested. Please complete and return to the above address. Allow 10 to 30 business days for final credit decision. Initial orders placed are shipped out *Cash In Advance*.

We look forward to working with you.

Sincerely,

Inside Sales Team



CREDIT APPLICATION

BUSINESS NAME _____ PHONE (____) _____

BUSINESS ADDRESS _____

TYPE OF OWNERSHIP:

- _____ CORPORATION
- _____ PARTNERSHIP
- _____ SOLE PROPRIETORSHIP
- _____ OTHER (Explain)

APPLICANT'S NAME (For Proprietorship or Partnership) _____

ADDRESS: _____ PHONE(____) _____

SOCIAL SECURITY OR FEDERAL ID NO. _____

IF A CORPORATION NAMES OF OFFICERS AND TITLES:

IF PARTNERSHIP, NAMES OF OTHER PARTNERS

IS THE ABOVE COMPANY A: ___ SUBSIDIARY ___ DIVISION ___ BRANCH

IF CHECKED, FILL IN PARENT COMPANY OR HOME OFFICE INFORMATION:

PARENT COMPANY'S NAME:

ADDRESS _____

TELEPHONE NUMBER: _____

PRINCIPAL PRODUCTS SOLD OR SERVICES

PERFORMED _____

HOW LONG IN BUSINESS ? _____

I _____, personally guarantee payment to Triarco Industries, Inc. according to the terms set forth as, _____, and further agree to pay interest and subsequent attorney/collection fees in the even that Triarco Industries, Inc is unable to collect payment from the above mentioned company.

By: _____
Name & Title Date



TRADE CREDIT REFERENCES

Name: _____

Address: _____

Contact Person: _____

Phone #: _____ Fax #: _____

Name: _____

Address: _____

Contact Person: _____

Phone #: _____ Fax #: _____

Name: _____

Address: _____

Contact Person: _____

Phone #: _____ Fax #: _____

Triarco Industries, Inc. reserves the right to request payment in advance from any new customer. A completed Credit Application must be received in order for your account to be opened regardless of your payment terms.

A COPY OF YOUR RESALE CERTIFICATE MUST BE ATTACHED WITH THE COMPLETED APPLICATION TO ESTABLISH TERMS.



BANK REFERENCES

Name of bank:

Address:

Contact Person:

Account Number:

Phone #: _____ Fax #: _____

The above information is being submitted for the purpose of allowing Triarco to assess credit on the undersigned account. The undersigned hereby represent and warrants that the information contained herein or submitted in connection herewith is true and complete as of the date here of. We hereby authorize Triarco to contact and investigate the reference, including the bank(s) listed above, and we authorize the reference to release the requested information. The undersigned hereby agrees to remit payment within the terms specified on the face of any invoice submitted to the customer in connection with a purchase from Triarco. If you are delinquent more than sixty (60) days all credit privileges may be canceled and collection efforts may ensue.

Company Name:

Signature:

Title:

Date:
