



TriStar

**ELECTRONICS
CONTROLS
AUTOMATION**

COMMERCIAL CREDIT APPLICATION

Date: _____

Business Name: _____ dba _____
 Delivery Address: _____
 Mailing Address: _____
 Telephone No: _____, Fax No. _____, Email: _____
 Tax ID No. _____ D & B No. _____
 Business Type: ___ Corporation ___ Partnership ___ Limited Liability Partnership ___ Individual
 Sales Tax Status: ___ Taxable ___ Exempt (Attached Certificate) Invoice requirements: PO required Y___ No ___

Principals:

Name position/phone/email: _____

Name position/phone/email: _____

Contacts:

Buyer phone/fax/email: _____

AP phone/fax/email: _____

AR phone/fax/email: _____

Credit References:

Bank: _____ Account No. _____ Fax No. _____

Vendor: _____ Account No. _____ Fax No. _____

Vendor: _____ Account No. _____ Fax No. _____

Vendor: _____ Account No. _____ Fax No. _____

Vendor: _____ Account No. _____ Fax No. _____

Terms: Our terms are Net 30 from invoice date. Invoices may be sent electronically or via United States postal service. Payments should be sent to our Lockbox address: P O Box 3179, Houston, TX 77253-3179. Should you desire to pay via ACH, please submit documents to our physical address via fax to 713-663-8221.

Authorization: I hereby acknowledge your terms and grant those references listed above to provide all credit information to Tristar Electronics and its representatives.

Officer/Owner Signature: _____, Name: _____

Position: _____, Date: _____

[Type text]