



**T R I P A R**  
INTERNATIONAL INC.

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Roselle, IL 60172

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Ph# 800-222-1142  
Fax# 800-648-9015  
Local:  
Ph# 630-980-5100  
Fax# 630-980-9417

Web Site: **www.tripar.com**  
Email: **orders@tripar.com**

# New Account Information & Credit Application

Complete steps 1 through 5

**1 Business State Resale Tax No.** \_\_\_\_\_

**2 Fax Copy of the State Resale document to (800) 648-9015.** It is required by State & Federal Taxing Authorities in the event of an Audit, and it is the only document that establishes your qualification for tax free purchases. For those states that do not issue Resale documents, a copy of the Business Registration or FEIN registration document is required.

**3 Complete Business Information Below:**

Business Name \_\_\_\_\_ DBA \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Fax# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Owner's Name \_\_\_\_\_ Legal Status:  Sole Proprietor  Corporation  Partnership

How long in business? \_\_\_\_\_ Under stated name?  Yes  No Type of business: \_\_\_\_\_

A/P Contact \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

A/P Email \_\_\_\_\_

Buyer Name \_\_\_\_\_ Email \_\_\_\_\_ Phone# \_\_\_\_\_

Buyer Name \_\_\_\_\_ Email \_\_\_\_\_ Phone# \_\_\_\_\_

Payment options:  Credit Card (all orders)  Credit Card (1st order only)  
 Net 30 Days Terms (subject to credit approval)  Prepay by Company Check

**4 List Trade Business References**

\* Accounts providing their own credit sheet must sign Tripar's Credit Agreement below

1 Name \_\_\_\_\_ Fax# \_\_\_\_\_ Phone# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Acct# \_\_\_\_\_

2 Name \_\_\_\_\_ Fax# \_\_\_\_\_ Phone# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Acct# \_\_\_\_\_

3 Name \_\_\_\_\_ Fax# \_\_\_\_\_ Phone# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Acct# \_\_\_\_\_

4 Name \_\_\_\_\_ Fax# \_\_\_\_\_ Phone# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Acct# \_\_\_\_\_

5 Name \_\_\_\_\_ Fax# \_\_\_\_\_ Phone# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Acct# \_\_\_\_\_

Bank Name \_\_\_\_\_ Fax# \_\_\_\_\_ Phone# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Acct# \_\_\_\_\_

**5 Credit Agreement**

**Accounts requesting Net 30 terms must sign this Agreement.** Applicant's signature attests acceptance of agreement, financial responsibility, ability and willingness to pay Tripar International, Inc. invoices in accordance within invoice terms. Terms of payment are Net 30 Days from invoice date. Interest will be paid to Tripar, by the applicant, at the rate of 1.5% per month on any amount which becomes delinquent. The undersigned agrees to be responsible for all collection costs and attorney's fees, court cost and post-judgment interest, if default litigation occurs. This agreement shall be enforced in accordance with the laws of the State of Illinois. The applicant hereby gives permission to disclose its experience with the Bank and Credit References as indicated above (or attached) to Tripar. This information is to be used in consideration of granting credit to the applicant. Acceptance of terms and conditions as hereby set forth by authorized person.

\* Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name) Title: \_\_\_\_\_