

**BUSINESS INFORMATION**

Company Name:	DBA:	
Name of Principles and Titles:		
Contact Name:		
Phone:	Email:	
Address:		
City:	State:	Zip Code:
Date Business Started:	Facilities Owner or Leased?	
Reselling the equipment you purchase?	Description of Business:	
Corporation Tax ID#	Dun & Bradstreet #:	
Annual Sales	Type of Company:	

**ACCOUNTS PAYABLE CONTACT**

Contact Name:	Phone:
Email Address:	
Billing Address:	City:
State:	Zip:

**TRADE REFERENCES**

Company Name & Contact:	
Address:	City:
State:	Zip:
Phone:	Email:
Company Name & Contact:	
Address:	City:
State:	Zip:
Phone:	Email:
Company Name & Contact:	
Address:	City:
State:	Zip:
Phone:	Email:

**AGREEMENT**

1. Applicant acknowledges liability for payment for amounts due to Trifecta Networks, LLC for delivery of products. If Trifecta Networks, LLC has to take action to collect any balanced owed, applicant agrees to pay ALL cost and expenses incurred in collection, including but not limited to attorney's fees, court cost, and interest thereon at the then maximum legal rate. 2. By signing this application, you authorize Trifecta Networks, LLC to make inquiries into the banking and business/trade references that you have supplied. You also agree to pay according to the terms quoted on the sales order.

CREDIT AMOUNT REQUESTING:	TERMS: Net 30
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AUTHORIZED SIGNATURE:	TITLE:	DATE:
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Printed Name: