



Trinity Sling
 3508 Avenue F East
 Arlington, TX 76011
 Ph: 817.589.2405 Fax: 817.284.2935

Business Credit Application

Company Information

Business Name:			
Address:	City:	State:	Zip:
Phone:	Fax:		
Billing Email:			
Tax Exempt Number:			
(Please attach a copy of W-9)			

Billing Contact Information

Last:	First:
Title:	
Phone:	Fax:
Email:	

Bank References

Institution Name:	Institution Name:
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account #:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account #:
Address:	Address:
Phone:	Phone:

Business References (Current References Please)

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax/Email:	Fax/Email:	Fax/Email:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

 Authorized Buyer

 Date