



DEALERS CREDIT APPLICATION

CUSTOMER INFORMATION:

<input type="checkbox"/> CORPORATION		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> PROPRIETORSHIP		<input type="checkbox"/> SUBSIDIARY/PARENT CORP	
COMPANY NAME:				DBA:			
BILL TO ADDRESS:							
		CITY:		STATE:		ZIP:	
SHIP TO ADDRESS:							
		CITY:		STATE:		ZIP:	
TELEPHONE NUMBER:				FAX NUMBER:			
DATE CURRENT OWNERSHIP ESTABLISHED:				PRINCIPLES NAME:			
ADDRESS:							
		CITY:		STATE:		ZIP:	
FEDERAL TAX ID#:				SALES TAX EXEMPTION NUMBER:(INCLUDE COPY:)			
<input type="checkbox"/> CREDIT CARD ACCOUNT (Required Credit Card Authorization)				<input type="checkbox"/> C.O.D / COMPANY CHECK			

BANK INFORMATION:

Name: _____

Address: _____

Bank Officer Name: _____

Phone Number: _____ Fax Number: _____

Checking Acct. # _____ Savings Acct. # _____

Loan Acct. # _____

BUSINESS REFERENCES: (MUST BE COMPLETE)

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Applicant authorized TRILIFT to obtain information concerning the applicant at any time and from any source.

Signature Partner/Officer/Owner Only: _____ Print Name: _____ Date: _____