



5169 Southridge Parkway
 Suite 120
 College Park GA 30349
 404-766-2878 ♦ 404-766-2879, Fax

**Application For
 Open Account**
(Please print legibly)

Date: _____

Company Name: _____

Billing Address

Shipping Address (if not the same please indicate below)

Street: _____

Street: _____

City, State, Zip _____

City, State, Zip _____

Phone _____ Fax _____

Type of Business: Individual Partnership Corporation LLC

(If Corporation) Date of Incorporation _____ State of Incorporation _____

Name of Principal Party: _____

Name of Person to contact regarding payments: _____

How long have you been doing business under this name? _____ Tax ID #: _____

Bank Information

Primary Bank: _____ Account #: _____

Address: _____

Bank Representative: _____ Phone #: _____

Trade Sources That You Currently Do Business With (minimum of 3)

Company Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ Reference Notes: _____

Account Number: _____

Company Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ Reference Notes: _____

Account Number: _____

Company Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ Reference Notes: _____

Account Number: _____

Terms: New customers must send full payment with their first order. You may apply to have your credit approved by completing the above form. The undersigned hereby agrees and understands that ALL PAYMENTS ARE DUE IN FULL 30 DAYS FROM INVOICE DATE and also agrees to pay a 1 1/2% per month late charge on all invoices not paid when due. We reserve the right to demand full payment on any job before beginning production or to refuse any job. By signing below you also indicate your personal guarantee for any purchases made with Tri-C Enterprises, Inc.

 Signed Title Date