

TriTeq Credit Application

BUSINESS CONTACT INFORMATION

Company name:

Name and title of contact person:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

Accounts payable contact:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Tax exempt number:

Savings

Sales tax ID:

Checking

Federal tax ID:

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. Accounts beyond 30 days subject to 1.5% per month allowed by law.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, TriTeq Lock and Security can make inquiries of these banking and business/trade references.
4. Cost of Collection: All cost including, but not limited to fees paid to collection agencies and reasonable attorney fees whether suit is commenced or not under the jurisdiction in the State of Illinois or any other court where the applicant resides or is found.
5. Commencement of Action: The undersigned agrees that if any legal action is commenced by or on behalf of TriTeq Lock and Security with respect to the carriage, that venue is proper in the District Court for the Northern District of Illinois and to the Circuit Court of Cook County, Illinois exclusive.

Title:

Date:

Title:

Date:

Return to TriTeq via fax: [847-640-7008](tel:847-640-7008) or email: sales@triteqlock.com www.triteqlock.com