

TRINITY

FURNITURE INCORPORATED

PO BOX 150 TRINITY, NC 27370 Phone 336-472-6660 Fax 336-475-0037 E-Mail sales@trinityfurniture.com

CREDIT APPLICATION*

COMPANY NAME _____ PHONE NUMBER _____
ADDRESS _____ FAX NUMBER _____
ADDRESS _____ E-MAIL ADDRESS _____
CITY STATE ZIP _____ TYPE OF BUS. () CORP, () PARTNERSHIP, () INDVL

CERTIFICATE OF RESALE # _____ ISSUED FROM THE STATE OF _____
SSN or
DO YOU HAVE A N.C.CERT OF RESALE? ____ # _____ FEDERAL I.D # _____

IS ACCOUNT A SUBSIDIARY OR A DIVISION WITH MAIN OFFICE ELSEWHERE? _____. IF SO, COMPLETE BELOW:

NAME _____ PHONE NUMBER _____
ADDRESS _____ FAX NUMBER _____
CITY STATE ZIP _____ E-MAIL _____

CREDIT REFERENCES type or print clearly

BANK _____ CONTACT _____ ACCT # _____
ADDRESS _____ PHONE NUMBER _____

1) TRADE _____ PHONE _____ FAX _____
ADDRESS _____ CITY/STATE _____ ACCT # _____

2) TRADE _____ PHONE _____ FAX _____
ADDRESS _____ CITY/STATE _____ ACCT # _____

3) TRADE _____ PHONE _____ FAX _____
ADDRESS _____ CITY/STATE _____ ACCT # _____

SIGNATURE _____ TITLE _____

*FILLING OUT CREDIT APPLICATION DOES NOT CONSTITUTE APPROVAL.

TERMS APPROVED ACCOUNTS: NET 30 DAYS. **UN-APPROVED ACCOUNTS:** 50% FOR PRODUCTION SCHEDULING, AND BALANCE UPON REVIEW.