

# Credit Application - Authorization to Release Information

Please fax or mail completed form to Trigon Refrigerant Group, attention Credit Department. The information provided herein will be kept in strict confidence, and will be utilized only for the purpose of obtaining credit and maintaining credit in accordance with our terms of sale.

Customer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact Name \_\_\_\_\_

Ph. # \_\_\_\_\_ Fax \_\_\_\_\_ Email address \_\_\_\_\_

Tax ID # \_\_\_\_\_ Years in Business \_\_\_\_\_ Net Worth \_\_\_\_\_ Credit Line Request \_\_\_\_\_

## Personal Information of Principals and /or Officers

Name and Title \_\_\_\_\_ Home Address \_\_\_\_\_

SS # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name and Title \_\_\_\_\_ Home Address \_\_\_\_\_

SS # \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Bank Reference

Bank Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Ph. # \_\_\_\_\_ Fax \_\_\_\_\_

Account Number \_\_\_\_\_ Account Representative \_\_\_\_\_

## Trade or Business References

Name \_\_\_\_\_ City/St \_\_\_\_\_

Acct # \_\_\_\_\_ Ph. # \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ City/St \_\_\_\_\_

Acct # \_\_\_\_\_ Ph. # \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ City/St \_\_\_\_\_

Acct # \_\_\_\_\_ Ph. # \_\_\_\_\_ Fax \_\_\_\_\_

I/We have applied for a trade account/credit line from Trigon Refrigerant Group, LLC. As part of the trade account application process, Trigon Refrigerant Group, LLC may verify information contained in this application and in any other document(s) required with the application, either before the trade account/credit line is approved or as a part of its credit quality control program, subsequent to trade account/credit line approval.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



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