



Welcome to Triad's Office City

630 S. Bishop • PO Box 127 • Rolla, MO 65402

Phone: 573-364-2485 or 800-888-2485 • Fax: 573-341-8372

www.triadofficecity.com

APPLICATION FOR CREDIT

BUSINESS NAME _____ PHONE _____

BUSINESS ADDRESS _____

☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP ☐ ASSUMED NAME

TAXABLE ☐ YES ☐ NO (if no, please provide tax exempt letter)

NAME OF PRINCIPLE OWNER _____

HOME ADDRESS _____

TITLE _____ PHONE _____

FED TAX ID NUMBER _____ YEAR BUSINESS OPENED _____

TRADE REFERENCE _____ ADDRESS _____

PHONE _____ CONTACT _____

TRADE REFERENCE _____ ADDRESS _____

PHONE _____ CONTACT _____

TRADE REFERENCE _____ ADDRESS _____

PHONE _____ CONTACT _____

TRADE REFERENCE _____ ADDRESS _____

PHONE _____ CONTACT _____

BANK NAME _____ PHONE _____

ADDRESS _____ CONTACT _____

Applicant agrees that as a specific condition of Triad's Office City granting credit to Application, Applicant agrees to pay Triad's Office City all costs and expenses including reasonable attorney's fees incurred by Triad's Office City in enforcing its rights under this Agreement, or incurred in any action brought by Triad's Office City, granting credit to said Applicant, and all such cost, expenses and attorney's fees may be included and form a part of any judgment entered in any proceeding brought by Triad's Office City against the Applicant on or under this application and agreement.

Applicant agrees that Triad's Office City is entitled to collect a one and one-half percent (1½%) per month interest charge on the unpaid balance on any amount owed to Triad's Office City on this account of credit granted to applicant under this agreement.

Information provided is correct to the best of my knowledge.

Signed _____ Date _____