



Tri-R Distributing, Inc.
P.O. Box 98
Matteson, IL 60443-0098
PH: (708) 534-2222 (800) 747-6457
Fx: (708) 534-2223

Dealer Application Request

Date: _____

Company Name: _____

Shipping Address: _____

City _____ State: _____ Zip: _____

Phone # _____ Fax# _____

Order contact: _____

E-mail Address: _____

Web Site: _____

Years in Business: _____ At Current Location: _____

Business Hours: _____

Business Hours: _____

Federal ID Number (required) _____

State Reseller Number (required) _____

Trade Suppliers

Company _____ Fax # _____ Acct. # _____

Financial Information

Name _____ Fax # _____ Acct. # _____

Application filled out by (sign here) _____

Tri-R has the right to refuse to ship products if Buyer is past due on any of its debts to Tri-R. Furthermore, Tri-R shall have the right to reclaim the products immediately unless other written arrangements have been made concerning payment. Buyer agrees to make all products available, shipping ready, for Tri-R, after receiving notice from Tri-R of its intention to reclaim the products.

A Finance charge of 1.5% per/month applies to paste due accounts

Any and all fees required in collecting on past due accounts will be added to the total amount due.

Tri-R Distributing, Inc. Dealer Open Account Application

IF REQUESTING OPEN ACCOUNT STATUS THE FOLLOWING INFORMATION MUST BE FILLED OUT

Not all customers will qualify for open account status

Corporation	Partnership	Proprietorship	Year Est.
If a corporation, list names of officers and titles. If other entity, list names of partners or owners			
Name/Title	Home Address		Home Phone #

Personal Guarantee / Terms of Account

- 1) In consideration of the sale of merchandise and the granting of credit by Tri-R Distributing, Inc. to the person(s) of company to whom the credit is extended pursuant to the above application for credit, the undersigned unconditionally, jointly and severally, guarantee(s) payment for all purchases made by said persons or company.
- 2) The normal credit terms granted are net 30 days and I/we agree to pay the monthly statement in full by the terms as stated on invoice.
- 3) In the event of default of the foregoing paragraph (2) I/we agree to pay a service charge of 1 1/2% added monthly on all unpaid balances past due. This service charge rate = 18% per annum.
- 4) I/we agree to notify Tri-R Distributing, Inc. of any changes of ownership within 30 days of said changes
- 5) If this account is placed for collection I/we agree to pay all collection expenses and/or attorney fees involved

Officer(s) Signature / Title	Soc. Sec#

Authorization to Release Information

I herby authorize you to release any information necessary to assist in establishing a line of credit

Banking Name: _____

Address: _____

City, State, Zip _____

All information is understood and agreed upon for establishing Open Account status

Authorized by (please print): _____

(Signed) _____ Date: _____

Title: _____

Office Use Only	Approved	Declined
Dealer Number		