



Confidential Credit Application

885 Tallevast Road, Sarasota FL. 34243
P: 941-355-2636
P: 800-451-1729
F: 941-351-9621
info@trinitygraphic.com
www.trinitygraphic.com

Company Name _____
Street Address _____
City _____ State _____ Zip _____
Phone () _____ Fax _____

Billing Address if Different From Above:

Street Address _____
City _____ State _____ Zip _____
Phone () _____ Fax _____
County _____ We are incorporated under the Laws of the State of _____

*If you are in the state of Florida, please attach a copy of your current resale certificate. (This will keep us from charging you sales tax.)

FedEx or UPS # for Shipping _____

Officers:

President _____ Vice President _____
Secretary _____ Treasurer _____
Purchasing Agent _____ Phone _____
Accounting Manager _____ Phone _____
Email _____

Does your company require purchase order #'s? Yes No

Has your company ever filed bankrupt? If yes, explain (attach separate document): _____

Attach Bank Reference (include bank name, contact person, telephone and fax numbers)

Three (3) Trade References:

Company	Contact Name	Telephone and Fax numbers (please include area code.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above information has been furnished by:

Name _____
Title _____ Date _____