

TERMS & CONDITIONS



800-874-5649
601-932-4461

CREDIT APPLICATION

PLEASE FILL OUT THIS FORM COMPLETELY. INCOMPLETE FORMS WILL BE RETURNED.

MAIL TO: Trilogy Communications, Attn: Credit Department, 2910 Highway 80 East, Pearl, MS 39208

• FAX TO: 601-939-6637

COMPANY NAME _____ PHONE _____ FAX _____
BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS STRUCTURE CORPORATION-PUBLICLY HELD CORPORATION-CLOSELY HELD SOLE PROPRIETORSHIP
 PARTNERSHIP D & B NUMBER _____
 IF A DIVISION OR SUBSIDIARY, NAME OF PARENT _____
IF INCORPORATED, DATE OF INC. OR # OF YRS. IN BSNS. _____ STATE OF INC. _____

IDENTIFICATION FEDERAL EMPLOYER ID NUMBER _____

PRINCIPALS 1. OWNER/MANAGER NAME _____ TITLE _____

RESPONSIBLE HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

FOR BUSINESS PERCENT OWNERSHIP _____ S.S. NUMBER _____

TRANSACTIONS ***Signed Tax Exempt Certificate or Resale Certificate Must be Attached

2. OWNER/MANAGER NAME _____ TITLE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

PERCENT OWNERSHIP _____ S.S. NUMBER _____

3. OWNER/MANAGER NAME _____ TITLE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

PERCENT OWNERSHIP _____ S.S. NUMBER _____

BANK REFERENCES NAME _____ PHONE _____ FAX _____

CONTACT _____ CHECKING ACCOUNT NO. _____

TRILOGY CREDIT DEPARTMENT USE ONLY DATE ACCOUNT OPENED _____ APPROXIMATE CURRENT BANK BALANCE \$ _____
LOANS IN EXISTENCE YES NO ARE LOANS CURRENT? YES NO
COMMENTS _____

CONSTRUCTION PROJECT PROJECT _____ LOCATION _____

FINANCED THROUGH _____ AMOUNT OF FINANCING \$ _____

DESCRIPTION CONTACT NAME _____ PHONE _____ FAX _____

SALES TAX STATUS LIABILITY YES TAX RATE _____ % FOR STATE OF _____
 NO TAX EXEMPT NUMBER _____ COPY REQUIRED

RESPONSIBLE PARTY COMPANY NAME _____ ADDRESS _____

CONTACT NAME _____ TITLE _____

FOR PAYMENT PHONE _____ FAX _____

DO YOU OWN YOUR BUILDING YES NO IF NO NAME OF OWNER _____

PHONE _____ FAX _____ COMMENTS _____

EXPECTED HIGH CREDIT LIMIT \$ _____

CUSTOMER AGREES TO PAY IN ACCORDANCE WITH TERMS GRANTED.

SIGNER COMPANY _____ DATE SIGNED _____

AUTHORIZED SIGNATURE _____ TITLE _____

OFFICE USE ONLY APPROVED CREDIT AMOUNT OF CREDIT APPROVED \$ _____ TERMS OF PAYMENT _____
STATUS AND REVIEWED BY _____ TITLE _____ DATE _____
EXPLANATION _____

TRADE REFERENCE PLEASE FILL OUT TRADE REFERENCE ON BACK AND ATTACH YOUR LATEST AUDITED FINANCIAL STATEMENTS.

Terms & Conditions

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CREDIT APPLICATION TRADE REFERENCES

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PLEASE LIST THREE SUPPLIERS THAT YOU CURRENTLY DO BUSINESS WITH:

Company: _____ Acct #: _____
Contact: _____ Phone# _____ Fax# _____

OFFICE USE ONLY

Terms _____ Date Account Opened _____
HCL \$ _____ Present Balance \$ _____ Current ____ Past Due ____
If Past Due, How old? _____ Comments: _____

Company: _____ Acct #: _____
Contact: _____ Phone# _____ Fax# _____

OFFICE USE ONLY

Terms _____ Date Account Opened _____
HCL \$ _____ Present Balance \$ _____ Current ____ Past Due ____
If Past Due, How old? _____ Comments: _____

Company: _____ Acct #: _____
Contact: _____ Phone# _____ Fax# _____

OFFICE USE ONLY

Terms _____ Date Account Opened _____
HCL \$ _____ Present Balance \$ _____ Current ____ Past Due ____
If Past Due, How old? _____ Comments: _____

Internal Comments: _____

*** PLEASE BE SURE FRONT SIDE IF FILLED OUT COMPLETELY ***