

# TERMS & CONDITIONS



## CREDIT APPLICATION

800-874-5649  
601-932-4461

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. \_\_\_\_\_

**TRIOLOGY 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.

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## CREDIT APPLICATION TRADE REFERENCES

800-874-5649  
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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 \*\*\*