

# APPLICATION FOR CREDIT



8900 Double Diamond Pkwy,  
Reno, Nevada 89521

Company Name:

Street Address:

Mailing Address:

Phone Number:  Fax Number:

Owner(s) or Officer (s):  Title:

Main Office Contact Name:  Phone Number:

Federal ID Number:  Social Security Number:

Resale / Tax Exempt Number:

*\*Please attach copy of resale card or tax exempt certificate.*

## References

Name of Bank:

Address:

Phone #  Fax #  Account #

Name of your Banking Officer:

Type of Accounts Maintained: Checking ☐ Savings ☐ Loans ☐ Leasing ☐

## Trade References

1. Name & Address

Phone #  Fax #  Contact Person

2. Name & Address

Phone #  Fax #  Contact Person

3. Name & Address

Phone #  Fax #  Contact Person

I hereby certify that the aforementioned is true and correct, and I authorize the assignee of record, Triad Technologies, 8900 Double Diamond Pkwy., Reno, NV 89521, to conduct a credit investigation, to include a search for liens to obtain all necessary information as required.

By  Date   
Company Name (Please Print)

Signature