



# Trion® Industries, Inc.

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## CREDIT APPLICATION

**Credit Application:** (Please print or type.)

Customer Name		Customer Account #		
Address	(Street or Box #)	(City)	(State)	(Zip)
Year Established	Incorporated	YES <input type="checkbox"/>	NO <input type="checkbox"/>	D & B #
				Federal Tax ID #
Phone #	Ext. #	Fax #		
Email Address				
Company Web Address				
If a Subsidiary, Name and Address of Parent Company				
Name of Person Responsible for Processing and Issuing Checks		Phone #	Ext #	Fax#

**Trade References:** (Please supply complete addresses on trade references.)

<p>1.</p>   <p>Phone #                      Fax #</p>	<p>2.</p>   <p>Phone #                      Fax #</p>
<p>3.</p>   <p>Phone #                      Fax #</p>	<p>4.</p>   <p>Phone #                      Fax #</p>

**Bank:**

Bank Name and Address	
Phone #	Fax #

Please return to the address listed – Attn: Accounts Receivable.  
**IMPORTANT:** Please be sure to fill out all credit reference information (including complete address for Trade References) in order for us to process your application.  
 Credit Terms: Net 30 days (upon credit approval)

Signed	Date
Title	