



Thank you for your application to establish an account with The Trident Company. It is important that we receive all of the requested information in order to efficiently review your application for terms.

A signature from an Officer, Controller or Company Prinicpal is required on the application before the account may be approved.

Our Credit Policy

- 1. Open credit will be given to accounts upon satisfactory review of credit references and a signed application acknowledging our selling terms.
- 2. Accounts will be considered past terms when specific invoices are not paid within the stated selling terms.
- 3. Accounts with past due invoices must receive credit approval before additional charges may be made on an open account basis.
- 4. Accounts with invoices which are more then 30 days beyond the due date are at risk for delayed shipments and will be considered for possible "COD Terms" only.

Please use the following information to fax or mail your credit application.

The Trident Company P.O. Box 853900 Richardson, Texas 75085 Attn: Credit Department Fax: 972-699-3295

Depending on the location you are purchasing from, you may also use the following contacts to submit or check the status of your application.

Richardson, TX; Tulsa, OK (Kansas); Mansfield, MA; Thomasville, GA:

Jessica Gilby P. 972.699.3262 jgilby@metalsusa.com

Houston, TX; Orange, CA; Odessa, TX; Katy, TX:

Juli Thompson P. 972.699.3253 jthompson@metalsusa.com



Terms: One half percent (.5%) discount if paid in 10 days, Net balance due 30 days from Invoice date. Any amount not received within 30 days from Invoice date may be subject to a daily interest charge of .0493% (Annual Percent Rate 18.00%). If suit is commenced to collect any past due amounts, prevailing party shall be entitled to reasonable attorney fees and costs. All sales shall be subject to The Trident Company's Terms and Conditions.

Company Name			President		
Street/Ship To Address		(Area Code) - Telephone	Vice President		
City/State/Zip		Fax	Controller		
Billing Address			Buyer (Full Name)		
City/State/Zip			Accounts Payable Contact		
Credit Line Requested	equested Tax ID Number		Accounts Payable Telephone Number		
Nature of Business (In Detail)			Accounts Payable Fax Number		
Will you be exporting our raw material out of the USA? Yes INO If Yes, what Countries?			Accounts Payable Email Address		
Are you a Parent Name □ Subsidiary □ Division			How long in Bus.?	Year	
	B	ank Reference			
Bank Name		Checking Account #			
Address			Loan Account #		
City/State/Zip		(Area Code) - Telephone	Account Officer		
Additional Information					
Tr	ade Reference		Office U	Jse Only	
Name		Contact			
Address		(Area Code) - Telephone			
City/State/Zip		Fax			
Name		Contact			
Address		(Area Code) - Telephone			
City/State/Zip		Fax			
Name		Contact			
Address		(Area Code) - Telephone			
City/State/Zip		Fax			
Name		Contact			
Address		(Area Code) - Telephone			
City/State/Zip		Fax			
	0	ffice Use Only			
D & B		Truck No.	Credit Limit		
HACM		R. Code	Comments		
Credit Manager Signature Salesman					
Approved COD Remit payments to: P.O. Box 846196, Dallas, Texas 75284-6196					

NOTICE--BY SIGNING THIS APPLICATION THE COMPANY AGREES TO THE FOLLOWING:

The Company understands and agrees that the above information is being providing for the purpose of obtaining credit. The Company represents and warrants that all information is true and correct and agrees to promptly inform The Trident Company in writing of any changes in the information, including a change of the Company's principal place of business or billing address.

The Company hereby consents to and authorizes The Trident Company to obtain information and investigate all information provided including contacting the references listed. The Company releases The Trident Company, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

Position

Must be signed by Officer, Controller or Company Principal

Name

Signature



Company Name:	Date:
	n on this form carefully. If this form is not completed and on file with us, ance with your shipping specifications", will not be automatic grounds for
Max Skid Weight Max Bundle Receiving Hours Receiving Days	
Do you receive during the lu	h hour? \Box Yes \Box No If no, what is your lunch hour?
Receiving Contact Name: Phone Number:	
Certification or Material Tes	eports
Required with every On an As-Required	
Please note below any specia printed on each order.	elivery requirements not covered above. These will be added to your file and
ANY CHANGES TO THIS INF TRIDENT COMPANY.	MATION MUST BE PROMPTLY COMMUNICATED IN WRITING TO THE

California Resale Certificate

I HEREBY CERTIFY:

1. I hold valid seller's permit number:

- 2. I am engaged in the business of selling the following type of tangible personal property:
- 3. This certificate is for the purchase from ______ of the item(s) I have listed in paragraph 5 below. [Vendor's name]
- 4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.
- 5. Description of property to be purchased for resale:

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER				
SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE				
PRINTED NAME OF PERSON SIGNING	TITLE			
ADDRESS OF PURCHASER				
ADDRESS OF FORCHASER				
TELEPHONE NUMBER	DATE			