



CREDIT APPLICATION

Line of Credit Requested \$ _____ Duns Number _____ E-Mail Address _____

Name of Business _____

Bill To Address _____ Shipping Address _____

City _____ State/Province _____ Country _____ Zip _____

Phone _____ Fax _____ Accounts Payable Manager _____

State Tax Exempt Cert. # _____ (attach copy) Resellers Permit # _____ (attach copy)

Years in Business _____ Number of Employees _____ Est. Annual Sales \$ _____ Sales Area _____

OWNERSHIP

Sole Proprietorship _____ Partnership _____ Corporation _____ Ltd. Liability Co. _____

Principal 1: Name _____ Title _____

Home Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Date of Birth _____ Social Security Number _____

Principal 2: Name _____ Title _____

Home Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Date of Birth _____ Social Security Number _____

BANK REFERENCES

Bank 1 _____ Phone _____ Fax _____

Address _____ City _____ State/Province _____

Country _____ Zip/PostalCode _____ Branch _____

Bank Contact _____ Account Number _____ Rtg./ABA Number _____

Bank 2 _____ Phone _____ Fax _____
Address _____ City _____ State/Province _____
Country _____ Zip/Postal Code _____ Branch _____
Bank Contact _____ Account Number _____ Rtg/ABA Number _____

TRADE REFERENCES

Business Name #1 _____ Phone _____ Fax _____
Address _____ City _____ State/Province _____
Country _____ Zip/Postal Code _____ Contact _____
Type of Business: _____ Credit Limit _____ Date Established _____

Business Name #2 _____ Phone _____ Fax: _____
Address _____ City _____ State/Province _____
Country _____ Zip/Postal Code _____ Contact _____
Type of Business _____ Credit Limit _____ Date Established _____

Business Name #3 _____ Phone _____ Fax _____
Address _____ City _____ State/Province _____
Country _____ Zip/Postal Code _____ Contact _____
Type of Business _____ Credit Limit _____ Date Established _____

Has the firm or any of its principals ever been bankrupt? Yes _____ No _____

If yes, explain: _____

MortgageHolder/Landlord _____

Address _____ Phone _____

Please include your last two years audited Financial Statements and P & L Statements.

Person to contact about this account _____
Name Title Phone Number

Should you approve this application, I (we) agree to pay for all goods and services purchased. Triton Systems of Delaware, Inc. is authorized to contact any reference or bank listed above and/or obtain information on the business or any principle listed above through a consumer credit reporting agency, bank reporting agency or a business profile service. It is understood that any information so obtained will be used solely for the basis of granting credit. I (we) agree to pay finance charges if we do not meet the payment terms established for our company. Should it become necessary to collect this account by legal proceeding or otherwise, the undersigned, including endorsers, promise to pay all cost of collection, including reasonable attorney's fees, agency fees and interest charges. This Agreement shall be interpreted, applied and enforced in accordance with the laws of the State of Mississippi.

Signature	Title	Date	Signature	Title	Date
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PERSONAL GUARANTEE: In consideration of credit being extended by **Triton Systems of Delaware, Inc.**, to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to **Triton Systems of Delaware Inc.** the faithful payment, when due, of all accounts of said applicant. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by **Triton Systems of Delaware Inc.**, extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee.

Guarantor Signature	Printed Name	Social Security Number	Date
Guarantor Signature	Printed Name	Social Security Number	Date