

Truco, Inc.

APPLICATION FOR CREDIT FAX #: 216-281-0034

Please indicate how you found out about us:

Search Engine Referral _____ Magazine Other _____

Name of Business: _____ P.O. Box: _____

Street: _____ City: _____

State: _____ Zip Code: _____ Phone: () _____ -- _____ Date Established: _____

Parent Company: _____ Address: _____

Corporation Partnership Proprietorship LLC --- Type of Business _____

Officers or Partners:

DUNS # _____

(1) Name: _____ Position: _____ Soc. Sec#: _____

(2) Name: _____ Position: _____ Soc. Sec#: _____

Trade References:

(1) Name: _____ Address: _____

Fax#: _____

(2) Name: _____ Address: _____

Fax#: _____

(3) Name: _____ Address: _____

Fax#: _____

(4) Name: _____ Address: _____

Fax#: _____

Tax Exemption#: _____ Reason (Resale, etc.): _____

We understand and agree to comply with the credit terms which require that all bills be paid within 30 days from the date of shipment; and we certify that all information on this credit application is correct to the best of our knowledge. We understand that purchasing on credit is a privilege and can be revoked for slow payment of account.

Date: _____ Signed: _____ Title: _____

Please use reverse side of this for additional information

This form will be held in strict confidence.