

TRUST SERVICES, INC.

Send completed application to:
TRUST SERVICES, INC.
1551 Jennings Mill Road, Suite 3100-B
Bogart, GA 30622
or fax to: (706)548-0030

Remittance Address:
TRUST SERVICES, INC.
P.O. Box 125
Watkinsville, GA 30677-0004

CREDIT APPLICATION

Please PRINT or TYPE the requested information

Company Information

Company Name*: _____ Phone: (____) ____ - _____ Fax: (____) ____ - _____

Street Address: _____
(Street/P.O. Box) (City) (State/Prov) (Zip/Postal Code)

Mailing Address: _____
(Street/P.O. Box) (City) (State/Prov) (Zip/Postal Code)

If Branch, Home Office Name & Address: _____

If Subsidiary, Parent Name & Address: _____

Type of Business: Proprietorship Partnership Corporation/State Incorporated: _____ Date Incorporated: ____/____/____
(Provide State)

Federal ID Number/Social Security Number: _____

Nature of Business: _____

Number of Locations: _____ Number of Employees: _____ Annual Sales: \$ _____ Maximum Credit Req: \$ _____

*Attach a list of all locations at which you ship or receive freight and trade names (d/b/a) you utilize at those locations.

Officers & Principals

Name: _____ Address: _____ Phone: (____) ____ - _____

Name: _____ Address: _____ Phone: (____) ____ - _____

Credit References

Name: _____ Phone: (____) ____ - _____ Fax: (____) ____ - _____

Name: _____ Phone: (____) ____ - _____ Fax: (____) ____ - _____

Name: _____ Phone: (____) ____ - _____ Fax: (____) ____ - _____

Invoicing Information

Mail Freight Bills To: _____
(Company Name) (Street/P.O. Box) (City) (State/Prov) (Zip/Postal Code)

Individual or Department Responsible for Payment of Freight Charges:

Name: _____ Phone: (____) ____ - _____, Ext: _____ Fax: (____) ____ - _____ Email: _____

Original Proof of Delivery Receipts Required? Yes / No If No, Are Fax Copies or Emailed Copies Acceptable? Yes / No

The information provided is for the purpose of obtaining an account and/or establishing credit with Trust Services, Inc. I certify that all information provided is correct. I understand your credit terms require payment within 21 days and agree to comply with those terms. By my signature, I am authorizing the release of credit information from the references listed above.

(Signature of Authorized Officer/Principal) (Title) (Date)

(Please print signed name)

Proverbs 3:5, 6

www.Trust-TSI.com corporate@Trust-TSI.com