



Thank you for your interest in Triton Products. We want to make your first order go as smooth as possible. Please use the below as a checklist of the information that Triton Products would like to have in your customer file:

- 1) Please complete and sign Credit Application. A credit reference and bank listing on your letterhead will suffice.
- 2) Complete or send a copy of the Sales and Use Tax Blanket Exemption Certificate
- 3) Complete Informational Page
- 4) If you have a logistics/Supplier booklet, please forward a copy to Triton Products.
- 5) Please return the fillable PDF application and related documents to accounting@tritonproducts.com.
- 6) Payment for initial orders need to be made via credit card or wire transfer. Once payment terms are established, the payment terms are net 30 days.

Should you have any questions while completing the above, please feel free to call us.



30700 D Carter Street
Solon, Ohio 44139
P 440-248-5480
www.tritonproducts.com

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Triton Products to make inquiries into the banking and business/trade references that you have supplied.

Signature: _____

Date: _____



STEC-B
Rev. 3/15/04

Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

(vendor's name)

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

Purchaser must state a valid reason for claiming exception or exemption.

Purchaser's name

Street address

City, state, ZIP code

Signature

Title

Date signed

Vendor's license number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code.

This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.



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Main Business Address	Billing Address
Ship Orders To:	Shipping Carrier and Account Number:
Accounts Payable Contact Name	Accounts Payable Phone Number
Persons Authorized to Order:	Freight Terms (Circle One): Collect Third Party Prepay and Add
Persons Authorized to Order:	Other Required Information or Logistics Information: