


**CONFIDENTIAL CREDIT INFORMATION
NEW ACCOUNT APPLICATION**

RETURN COMPLETED FORM TO :  Trisoft Graphics, Inc. 245 Fischer Ave. Building D7 Costa Mesa, CA 92626 USA Tel (714) 751-8851 • fax (714) 436-0501 art@trisoftco.com • www.trisoftco.com	ATTENTION: <p align="center">Accounting Department</p>
FEDERAL TAX I.D.	STATE RESALE/MANUFACTURERS CERTIFICATE (ATTACH COPY*)

*NOTICE: In accordance with the provisions of the State of Sales & Use Tax Act we are required to collect tax on sales of taxable property or services unless the purchaser gives us a properly completed Resale certificate or Exemption certificate.

BILLING ADDRESS	SHIPPING ADDRESS
Company Name:	Company Name:
Address:	Address:
City/State or Country/Zip	City/State or Country/ Zip
Accounting Contact (Name/Phone Number/Fax/ Email)	Shipping Contact (Name/Phone Number/Fax/ Email)
OWNER / PRINCIPAL TITLE	INCORPORATED <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> OTHER:
ESTIMATED SALES VOLUME:	OPENING ORDER AMOUNT: CREDIT LINE REQUESTED:

REFERENCE INFORMATION	FINANCIAL STATEMENT ATTACHED? YES <input type="checkbox"/>
BANK REFERENCE:	CONTACT ACCOUNT #:
BANK ADDRESS:	CITY/STATE/ZIP PHONE: () FAX: ()

TRADE REFERENCES	MAILING ADDRESS	CITY	STATE	ZIP	TELEPHONE	FACSIMILE
1.						
2.						
3.						
4.						

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize TRISOFT Graphics, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility and authorize my/our bank to release the information requested in conjunction with establishing this credit.

Interest at the rate of 3% per month plus a service charge will be charged each month on all past due accounts. In the event a collection problem should occur the applicant agrees to pay all finance, collection and service charges, court cost and reasonable attorney fees. In any litigation, the laws of the State of California shall govern and jurisdiction shall be exclusively in the courts of the county of Orange, State of California.

*Applicants signature attests The Company's financial responsibility and willingness to pay our invoices in accordance with set terms. TRISOFT's payment terms are Net 30 days from invoice date. Any exception must have written authorization from TRISOFT Graphics, Inc.

X FIRM NAME: _____ BY: _____ DATE: _____
(Name & Title)

TRISOFT USE ONLY:		TO BE COMPLETED BY CREDIT DEPARTMENT:	
TERMS	CREDIT LIMIT	APPROVED BY:	DATE: