



# TRX, Inc



## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Please return to [credit@tcompanies.com](mailto:credit@tcompanies.com) or fax to 612 436-0263.

### BUSINESS CONTACT INFORMATION

Principal and Title:			
Legal Business Name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:		SS or TID:	
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other

### BUSINESS AND CREDIT INFORMATION

Estimated credit limit desired:	Primary business address:		
How long at current address?	State:	ZIP Code:	
Date business started:	Nature of Business:		
Accounts Payable contact:	Accounts Payable contact phone:		
<b>Bank Reference:</b>	Years with bank:		
Bank address:	Phone:		
City:	State:	ZIP Code:	
Type of account	Account number		
<input type="checkbox"/> Savings			
<input type="checkbox"/> Checking			
<input type="checkbox"/> Other			

### BUSINESS/TRADE REFERENCES

<b>Company name:</b>	Contact:		
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
<b>Company name:</b>			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
<b>Company name:</b>			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

### AGREEMENT

1. All invoices are to be paid 15 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 TRX, Inc. to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURE

Name and Title:	Date:
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