

Trigger Memory Systems APPLICATION FOR WHOLESALE 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:

NOTE: If you prefer to pay invoices in advance, either via Paypal or credit card, the below info is not required. Paypal can be sent to triggermemory@charter.net and credit card payments can be faxed to 509-463-2998. Banking and trade reference info is required only for vendors requesting credit terms.

Mail completed application to:

Trigger Memory Systems, PO Box 24, Waitsburg WA 99361

Fax to: 509-463-2998

Email to: triggermemory@charter.net

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:

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 Trigger Memory Systems to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Date:

Title:

Date: