



Corporate Headquarters
(Mailing & Remittance)
12825 Flushing Meadows Drive, Suite 110
St. Louis, MO 63131-1837

Credit Application

Phone
314-822-0500
800-777-9687

Fax
314-984-8700

SALES
REPRESENTATIVE:

Thank you for your interest in Trident Steel Corporation.

Please list as many **PIPE AND EQUIPMENT COMPANIES** as possible with whom you have established a line of credit. Provide the company name, phone number, fax number, email address, and contact person for each reference. All information provided is kept confidential. We appreciate the time and effort put into completing this credit application.

Email the completed application to Catherine Schoeffler at cschoeffler@tridentsteel.com or fax to 314-984-8700.

BUSINESS INFORMATION

Company Name: _____

DBA (if different): _____

Affiliated Companies: _____

Business Start Date: _____ SIC Code: _____ FEIN/SSN: _____

Principle Business Activity: _____

Company Type: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor ☐ Other _____

Owner: _____

President: _____

CFO: _____

Phone: _____ Alt. Phone: _____ Fax: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

INVOICING INFORMATION

A/P Contact: _____ Phone: _____ Ext: _____

A/P Email Address: _____ Fax: _____

Tax Exempt? (attach a copy of any resale/direct pay/exemption certificates) ☐ Yes ☐ No

Terms Requested: _____ Credit Line Requested: _____

Invoice Requirements:	Invoice Submission Preference:	Payment Preference:
Purchase Order # <input type="checkbox"/> Yes <input type="checkbox"/> No	(check all that apply)	Check <input type="checkbox"/>
AFE # <input type="checkbox"/> Yes <input type="checkbox"/> No	Mail <input type="checkbox"/> Email <input type="checkbox"/>	ACH (attach your form) <input type="checkbox"/>
Lease/Well Name <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax <input type="checkbox"/> Other-List below <input type="checkbox"/>	Wire Transfer <input type="checkbox"/>

Email addresses for invoices (if applicable): _____

Other Invoicing Requirements: _____



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BANKING INFORMATION

Bank Name: _____ Phone: _____
Bank Officer: _____ Fax: _____
E-mail: _____ Checking Acct Number: _____
Bank Name: _____ Phone: _____
Bank Officer: _____ Fax: _____
E-mail: _____ Checking Acct Number: _____

REFERENCES -LIST PRIMARY PIPE SUPPLIERS AND EQUIPMENT COMPANIES-

Company Name: _____ City: _____ State: _____
Contact: _____ Phone: _____
Email: _____ Fax: _____

Company Name: _____ City: _____ State: _____
Contact: _____ Phone: _____
Email: _____ Fax: _____

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CREDIT TERMS AND CONDITIONS

Our company is financially able to meet any and all commitments we have made.

The undersigned agrees that:

1. He/she has the authority to sign on behalf of Company.
2. The information contained herein is true and correct for the purpose of obtaining credit from Trident Steel Corporation.
3. Company will pay all obligations/invoices for the purchases made from Trident Steel within the terms at the time of sale.
4. That Trident Steel Corporation Standard Terms and Conditions of Sale (set forth on the back of its invoices, or sent as electronic attachments) shall govern all sales to the Company and any affiliates or trade names under which they conduct business with Trident Steel. These Terms and Conditions are available at www.tridentsteel.com/terms-conditions-of-sale/. No other terms shall apply unless signed by an officer of Trident Steel Corporation.
5. The undersigned hereby authorizes any of the bank and trade references listed in the application to provide Trident Steel Corporation with all information requested.
6. TRIDENT STEEL CORPORATION'S STANDARD PAYMENT TERMS ARE NET 30 DAYS FROM THE INVOICE DATE, UNLESS OTHERWISE AGREED UPON BETWEEN BOTH PARTIES. INTEREST WILL BE CHARGED ON OVERDUE BALANCES AT THE MAXIMUM LEGAL RATE. CUSTOMER AGREES TO PAY UPON DEMAND THE FULL AMOUNT OF INDEBTEDNESS, PLUS FINANCE CHARGES AND ATTORNEY'S FEES INCURRED IN CONNECTION WITH THE COLLECTION OF THE ACCOUNT, WHETHER OR NOT SUIT IS FILED.

Signing below, the undersigned acknowledges, accepts, and agrees to Trident Steel Corporation terms and conditions and certifies that the information herein is true and correct.

SIGNATURE

Authorized Representative of: _____

(Company name)

Signature: _____

Title: _____

Print Name: _____

Date: _____