

Trusted Supply LLC P.O Box 60722 Midland, TX 79711 432-813-5597 jose@trsutedsupply.net

BUSINESS INFORMATION AS REGISTERED							
COMPANY NAME:			FEDERAL TAX ID#:				
BILLING ADDRESS:			COMPANY START DATE:				
CITY:			STATE:		ZIP CODE:		
TYPE OF BUSINESS: SOLE PRO		OPRIETORSHIP:	PARTNERSHIP:	LLC:	•	CORPORATION:	
SHIPPING ADRESS/ YARD LOCATION:			L	PHONE:		ONE:	
CITY:			STATE:		ZIP CODE:		
BUSINESS TRADE REFERENCES							
Please provide us at least three of	other compani	ies your business has es	tablished credit with pre	viously.			
COMPANY:		CONTACT NAME:		CUSTOMER SINCE:			
ADDRESS:		PHONE:		EMAIL:			
CITY:		STATE:		ZIP CODE:			
COMPANY:		CONTACT NAME:		CUSTOMER SINCE:			
ADDRESS:		PHONE:		EMAIL:			
CITY:		STATE:		ZIP CODE:			
COMPANY:		CONTACT NAME:		CUSTOMER SINCE:			
ADDRESS:		PHONE:		EMAIL:			
CITY:		STATE:		ZIP CODE:			
BANK REFERENCES							
			CONTACT NAME:				
ADRESS:			PHONE:		EMAIL:		
CITY:	CITY: STATE:		ZIP CODE:	ZIP CODE:		ACCT NO:	
I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended.							
AUTHORIZED SIGNATIRE:			PRINTED NAME	PRINTED NAME:			
TITLE:			DATE:	DATE:			

PURCHASING CONTACT INFORMATION						
PURCHASING CONTACT NAME:						
PHONE:	EMAIL:					
P.O.# REQUIRED:	YES:	NO:				
SIGNATURE REQUIRED:	YES:	NO:				
ACCOUNTS PAYABLE INFORMATION:						
AP CONTACT NAME:						
PHONE:	EMAIL:					
INVOICE DELIVERY METHOD:						
EMAIL:						
MAIL:						
TERMS:						