

TRICERASOFT CREDIT REFERENCE FORM

TriceraSoft, 6 Ruth Avenue, Brampton, Ontario, L6Z3X4, Canada

Contact Information

*First Name:

*Last Name:

*Address:

*City:

*State/Province:

*Zip Code:

*Country:

*Email Address:

*Phone Number:

*Fax Number:

Banking Information

1. Provide your full Bank information including address, phone number, and representative/officer in charge of your accounts.

*Bank Name:

*Bank Officer (Account Contact):

*Bank Phone Number:

*Bank Account # (Chequing):

*Bank Account # (Savings):

Bank Address:

City:

State:

Zip:

Business Vendors / References

Name:

Contact:

Address:

Phone:

Fax:

Name:

Contact:

Address:

Phone:

Fax:

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TriceraSoft, 6 Ruth Avenue, Brampton, Ontario, L6Z3X4, Canada

Name:

Contact:

Address:

Phone:

Fax:

Credit Card Information

2. Submitting a Visa, MasterCard, or Discover Card number that will be held for security purposes. In the event you do not pay your invoice in terms issued on the invoice, your credit card will be charged for the amount due to TriceraSoft.

*Credit Card:

*Credit Card Number:

*Expiration Date: (mm/yy)

If your contact information is the same as your billing information check here and skip to the next section: []

Billing Address:

City:

State/Province:

Zip Code:

Country:

Name on Card:

Signature

3. You must enter your name below.

- I represent that the above credit reference information I have provided is correct in all respects.

- I understand that all purchases must be paid Net 30 or in full accordance with the Condition of Sale. Shipping and Handling are accounted for separately and must be paid in full. By signing below you have authorized TriceraSoft to collect the information above and acknowledge that you have read and agreed to TriceraSoft terms.

- I authorize the above stated references to provide TriceraSoft with any information in their possession regarding their business experience with my company or me.

*Type Your Name:

*Today's Date:

Signature: