

Application for Account with Trident Products & Services, LLC (Growtastic)

Legal Name			Date		
DBA			Phone		
Address			FAX		
City	State	Zip	Email		
Established		Fed Tax ID		If Sales Tax Exempt attach Certificate	
Primary Business POC			Accounts Payable POC		
Ship To:			Bill To:		
Address			Address		
City	State	Zip	City	State	Zip

Ownership / Officers

Check One: Corporation Partnership LLC Individual

If S-Corporation, Partnership, LLC or Individual, complete ownership

Owner	Tax ID	Address
Owner	Tax ID	Address
Owner	Tax ID	Address
President/CEO		Vice President/COO
Secretary		Treasurer

Bank References

Bank		Phone	
Address		FAX	
City	State/Country	Zip	Person to Contact
Type of Account	Account Number		Year established

Trade References

(Optional)

Name			Phone		
Address			FAX		
City	State	Zip	Email		
Name			Phone		
Address			FAX		
City	State	Zip	Email		
Name			Phone		
Address			FAX		
City	State	Zip	Email		

Purpose is to assess client for establishment of account. The undersigned affirms that the information herewith, is true and complete. Trident Products and Services, LLC, is authorized to contact and obtain information as necessary to verify information. Individuals referenced are authorized to release such information. The undersigned agrees to remit payment within terms established by Trident. If credit is extended and payment is not received as due, the undersigned agrees to pay a monthly service charge equal to one and one half (1 1/2) percent on the unpaid balance until paid in full. The undersigned also agrees to pay all costs and expenses of collection to include attorney fees and expenses.

Signature		Date
Name Printed / Typed		Title

Return To: Trident Products & Services, LLC (DBA Growtastic), PO Box 857, Palm Harbor, FL 34682. To expedite, scan completed form and enclosures and Email to: dbagrowtastic@gmail.com.