



23111 FM 1462 Damon, Texas 77430 Phone 979 553-4677 Toll Free 877 755-4680 Fax 979 553-3756

APPLICATION FOR CREDIT

Date: _____

Name of Firm: _____

Street Address: _____

(Street) (City) (State) (Zip Code)

Billing Address: _____

(Street) (City) (State) (Zip Code)

Phone #: _____ Fax #: _____ Cell #: _____

Years in Business: _____ Business Classification: _____

AP Contact Name: _____ Phone # _____

AP Contact Email Address: _____

CORPORATION PROPRIETORSHIP PARTNERSHIP

President/Owner: _____ Vice President: _____

Sec./Tres.: _____

State Incorporated: _____ Year Incorporated: _____

If incorporated in state other than TEXAS, date authorized to do business in TEXAS: _____

Job Number Required? ____ Yes ____ No Statement Required? ____ Yes ____ No

Purchase Order Number Required? ____ Yes ____ No

LOCAL TRADE REFERENCES

	NAME	ADDRESS	PHONE #	FAX #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

BANK REFERENCES

Name: _____ Account Number: _____

Address: _____ Phone #: _____

Contact: _____ Have Checking? _____ Lending? _____

All proprietors and/or general partners, hereby, individually understand you may and, hereby, authorize you to check my (their) credit, both consumer and commercial, and authorize any party receiving an inquiry from you to release any information requested to you.