

# CREDIT APPLICATION



Company name:		
Contact Name:		Title:
Phone:	Fax:	E-mail:
Company address:		
City:		State: ZIP Code:
Type of Business:	Years in Business:	D&B Number:
Business entity:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
Doing Business As (if applicable):		
Other business names in the past 5 years (if any):		
<b>BANK ACCOUNT INFORMATION (REQUIRED)</b>		
Bank name:		
Bank address:		Phone:
City:		State: ZIP Code:
Type of account	Account number	
Savings		
Checking		
Other		
<b>BUSINESS/TRADE REFERENCES (AT LEAST THREE REQUIRED)</b>		
<b>Company name:</b>		
Address:		
City:		State: ZIP Code:
Contact:		Phone:
Fax:		Email:
<b>Company name:</b>		
Address:		
City:		State: ZIP Code:
Contact:		Phone:
Fax:		Email:
<b>Company name:</b>		
Address:		
City:		State: ZIP Code:
Contact:		Phone:
Fax:		Email:
Applicant Agrees: I/We authorize the Company to obtain such information as the Company may require concerning this application for the extension of credit. If credit is granted we will abide by the terms of NET 30 DAYS and agree I/We shall be responsible for any and all charges incurred to collect any unpaid balance on this account, plus any finance charges that may have been assessed. Further, I/We state that all information provided on this form is true and correct.		
<b>PLEASE SIGN AND FAX TO (512) 502-0576</b>		
Signature:		Title:
Printed Name:		Date
<b>FOR INTERNAL CREDIT DEPARTMENT USE ONLY</b>		
<input type="checkbox"/> Credit approved	Maximum amt:	Customer ID:
<input type="checkbox"/> Credit declined	Reason:	
Signature:		Date: