



CREDIT APPLICATION

Date _____

PLEASE COMPLETE AND FAX TO 903-462-2017.

Company _____	Billing Address _____
Address _____	City _____
City _____	State/Province _____ Zip/Postal Code _____
State/Province _____ Zip/Postal Code _____	AP Contact Name _____
Phone Number _____	AP Phone Number _____

Business Type: Sole Proprietor Partnership Corporation Fed ID#

How long in Business: D&B Number:

Uniform Sales & Use Tax Certificate Attached (Must be included)

Names/ Address of Individuals or Partners: _____

Name/ Phone Number of Corporate Officers: _____

Person to Contact Regarding Purchase Orders: _____ Title: _____ Phone Number: _____ Fax Number: _____ Email Address: _____
Person to Contact Regarding Invoices: _____ Title: _____ Phone Number: _____ Fax Number: _____ Email Address: _____

To receive Invoices by email **To receive Invoices by fax** **To receive Invoices by mail**

Special Invoice Requirements: _____

Trade Reference List three companies with whom you have established credit:

Company Name	Contact/ Title	Phone & Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank Reference

Company Name	Address
<input type="text"/>	<input type="text"/>

Contact/ Title	Account Number	Phone & Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true. I understand and will comply with regulations requiring payment of all charges within (30) days of receipt of invoice.

Signature :

Title:

Firm Name:

Date :