



Application For Credit

322 Gold Street
Garland, TX 75042
Ph: (972) 494-5819 / (800) 580-5804
Fax: (972) 494-5602

Company Information

Business Name

Address	City	State	Zip
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Ph: ()	Fax: ()	Yrs In Business
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Corporation Partnership Individual Resale Number _____

Owner Information

Full Name (including middle initial)	Title	Social Security Number
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Address	City	State	Zip
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Bank Reference

Bank Name	Ph: ()
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Address	City	State	Zip
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Trade References

1. Co. Name	Acct#
Address	Ph: ()
City/State/Zip	Fax: ()

2. Co. Name	Acct#
Address	Ph: ()
City/State/Zip	Fax: ()

3. Co. Name	Acct#
Address	Ph: ()
City/State/Zip	Fax: ()

4. Co. Name	Acct#
Address	Ph: ()
City/State/Zip	Fax: ()

5. Co. Name	Acct#
Address	Ph: ()
City/State/Zip	Fax: ()

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We Agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be at the sole discretion of the Creditor.

In the event any portion of the balance is not paid when due, I, the undersigned, personally guarantee payment of all or any part of any amount not paid by the company, corporation, or party named in the billing.

Signature _____ Title _____ Date _____