



CREDIT APPLICATION

Company Information:

Company Name: _____

Parent Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. _____ Fax No. _____

Partnership: _____ Corporation: _____ Other: _____ Fed ID # if Corp: _____

Number of years in business: _____ Type of Business: _____

Accts Payable Contact: _____ Tel. No. _____

Do you require a PO #? Yes: _____ No: _____ Do you want Damage Waiver? Yes: _____ No: _____
(All damage waiver declines will be responsible for lost, broken or stolen equipment. You will be charged a replacement cost for any items not returned to us.)

Authorized Users:

Principals:

President: _____ Vice-President: _____

Secretary: _____ Controller: _____

Bank References:

Bank Name: _____ Officer: _____

Address: _____ City, State _____ Zip: _____

Telephone No. _____ Account Number: _____

Trade References:

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone/Fax: _____ Phone/Fax: _____

Name: _____ Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone/Fax: _____

Phone/Fax: _____

The undersigned certifies that the above information, given for credit purposes, is true and correct and authorizes the firm or persons to whom this application is made asking assignee, any credit bureau or other investigative agency, to investigate the references, statements, or other information accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation. **TERMS ARE NET 30 DAYS.** The undersigned agrees to pay all bills within the terms set above.

Authorized Signature: _____ Title: _____ Date: _____

4917 Old Jacksonville Hwy., Tyler, TX 75703 Phone (903) 561-2943 Fax (903) 561-4789