



8727 FALLBROOK DR
 HOUSTON, TX 77064
 +832.678.4880
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CUSTOMER CREDIT APPLICATION

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>		
AP Contact Name:	Phone:	Email:		
Name of Company Principal Responsible for Business Transactions:		Title:		
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:		Title:		
Address:	City:	State:	ZIP:	Phone:

Bank References

Institution Name:	Acct #:	Contact:
Address:	City:	State:
ZIP:	Phone:	Fax:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:

Financial Information

Company Annual Net Income:	Amount of Credit Requested:
Tax Status: Taxable <input type="checkbox"/> Exempt <input type="checkbox"/> (attached cert.)	Dun & Bradstreet #:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institution and trade reference companies listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

 Signature

 Date