

Fax completed credit application to: 469-502-3831

Legal Business Name: _____ Phone #: _____
D/B/A: _____ Fax #: _____
Address: _____ Credit Request: _____
City, State, ZIP: _____ Sales Tax #: _____
Corporation: _____ Partnership: _____ Sole Proprietorship: _____ Tax Exemption #: _____

Bank Reference List bank reference (name and complete address) that applicant is doing business with. ***Mandatory fields.**

Name: _____ *Account #: _____
Address: _____ *Phone #: _____
_____ *Fax #: _____
_____ *Contact Name: _____
_____ *Email: _____

Three Credit References: List 3 references (name and complete address) that applicant has done business with for at least 3 years on an open account basis. (At least 1 freight vendor) *****Excludes Overnight Couriers*** *Mandatory fields.**

1. Name: _____ *Phone #: _____
Address: _____ *Fax #: _____
_____ *Contact Name: _____
_____ *Email: _____

2. Name: _____ *Phone #: _____
Address: _____ *Fax #: _____
_____ *Contact Name: _____
_____ *Email: _____

3. Name: _____ *Phone #: _____
Address: _____ *Fax #: _____
_____ *Contact Name: _____
_____ *Email: _____

I hereby certify that the information in this application is true and complete. I authorize the release of credit information from the above references in order to establish a line of credit. I agree to pay all invoices no later than 30 days from invoice date. Should the account, at any time, be turned over to a collection agency, I agree to pay all incurred charges, including attorney's fees.

Applicant Name: _____ Official Title: _____
Applicant Signature: _____ Date: _____



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Customer Information

Applicant (Exact Corporate Name): _____

Address: _____ City, State, ZIP: _____

Phone: _____ Fax: _____ Cell: _____

Type of Business: _____ Date Started: _____ # of Employees: _____

Accounts Payable Contact Name: _____

County Where Business Is Located: _____ State of Incorporation: _____

Amount of Credit Requested: _____

FOR INTERNAL USE ONLY _____

Sales Person: _____ Sales #: _____ Date: _____

Requested Credit Line: _____ Need approval by: _____

Customer Account #: _____ Credit Limit: _____

By: _____

