

New Credit Application

This credit application must be filled out in its entirety or delays may occur.

Business Name:	Phone:
DBA Name:	Fax:
Statement Mailing Address:	Federal Tax ID #:
City, State, Zip	Years at this address:

Which Type of Account would you like to Apply for: ___ **Credit Card** ___ **Net30 Day**

Credit Card Accounts:

Visa
 MasterCard
 American Express
 Discover
 (circle one)

Card Number: _____ Billing ZipCode: _____

Expiration Date: ____/____/____ Name on Card: _____

Net 30 Accounts:

If you are applying for a N30 account, all fields MUST be completed.

Trade Reference #1:
Name:
Address:
Phone:
Fax:
Acct #:

Trade Reference #2:
Name:
Address:
Phone:
Fax:
Acct #:

Trade Reference #3:
Name:
Address:
Phone:
Fax:
Acct #:

Company Information
Amount of Credit desired: \$
D&B #:
Owner Names:
Bank Name:
Bank Acct. #:
Bank Phone:
Years in Business:
Business Type: Sole-P LLC Corp Other
Sales Tax ID #:

Tax / Resale Certificate:

We must have your **signed tax/resale certificate** on file before we can ship you an order tax free. Please fax your certificate to:

(817) 222-7802 Attn: Kim V.

To the best of my knowledge the above statements are true. My signature below attests financial responsibility and willingness to pay invoices in accordance with my account terms. I agree to pay all legal costs including collection agency fees, legal costs and reasonable attorney's fees if it becomes necessary to enforce collection or file suit.

Authorized Signature: _____ Title: _____ Date: _____