



1590A N. Harvey Mitchell Pkwy Bryan, Texas 77803
(800) 262-7104 FAX (979) 779-7616
Please complete and return by mail or fax.

Company Name:
Billing Address:
Shipping Address:
County
Business Phone
Business Fax

Principal or Owner
Address
Drivers License#
Social Security#

Bank Name
Address
Fax #
Phone #
Checking Acct #

List three (3) trade references with which you have done business in the last 3 months.

Name
Address
Fax #
Phone #
Acct#

Name
Address
Fax #
Phone #
Acct#

Name
Address
Fax#
Phone #
Acct#

Signature
Name (Printed)

Credit Application

Tax Exemption

If your purchase is exempt from sales tax, please attach an Exemption Certificate

Business Information

Federal Id#
Sole Proprietor
Partnership
Other
Business Start Date
Type of Business
DUNS#
Rating

Amount of Credit Desired \$
Who is in charge of paying invoices?
Name
Phone

Credit Card #:
Visa
MasterCard
AMEX
Expire date:
Card Holder Name:

PERSONAL GUARANTY

(Please read and Sign Below)

I HEREBY CERTIFY THAT I AM THE PROPRIETOR OR PRINCIPAL OF THIS COMPANY AND WARRANT THE INFORMATION HEREIN TO BE TRUE. I AUTHORIZE THE VERIFICATION OF THE INFORMATION FOR THE PURPOSE OF OBTAINING CREDIT. I AGREE TO PAY ALL INVOICES WHEN DUE AND AGREE TO THE BILLING TERMS OF NET 30 DAYS FROM THE INVOICE DATE. I UNDERSTAND I AM LIABLE FOR A DELINQUENCY CHARGE AT THE MAXIMUM AMOUNT ALLOWED BY LAW UNTIL PAID, AND ANY REASONABLE COLLECTION FEES INCURRED. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY CHECKS RETURNED FOR ANY REASON INCLUDING A \$25.00 PER ITEM RETURN CHECK FEE.

Title
Date

No Orders will be processed with out completion and signature of this form.