



Toll Free 1-800-871-1340
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 749 Port America Place
 Suite 350
 Grapevine, TX 76051

CREDIT APPLICATION

PLEASE PRINT

BUSINESS INFORMATION	DESCRIPTION OF BUSINESS	
Common Name:	No. of Employees	Requested Credit Limit
Legal Name:	In Business Since	Type of Business
Billing Address	<input type="checkbox"/> Corporation <input type="checkbox"/> Division/Subsidiary	<input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship
Billing City	Phone	Fax

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

Name:	President/CEO	Address:	Phone:
Name:	Controller	Address:	Phone:
Name:	Accounts Payable	Address:	Phone:

TRADE REFERENCES

SUPPLIER NAME	NAME OF CONTACT	PHONE NUMBER	FAX NUMBER

TRADE REFERENCES

SUPPLIER NAME	NAME OF CONTACT	PHONE NUMBER	FAX NUMBER

BANK REFERENCES

Name of Bank:	Name of Contact:
Branch:	Address:
Account Number:	Telephone:

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

It is agreeable that all references be checked before credit is established. Terms of credit: All Freight invoices are due and payable 15 days from date of invoice. Terms net 15 days – overdue balance will be subject to interest charges. All dishonored checks will be subject to a fee of forty-five dollars \$45.00. All freight charges must be paid before any claim will be processed.

Signature _____ Title _____ Date _____