



Credit Application

Date: _____

5521 Bellaire Dr. S. STE 114
 Ft. Worth, TX 76109
 Office: (817) 315-2712
 (800) 874-4062
 Fax: (817) 315-2727

Firm Name and Address	Phone () -
	Fax () -
	Email
	Firm is: ___ Corp. ___ Partnership ___ Proprietorship
	<i>Acct. Pay.</i>
	<i>Contact</i>

Nature of Business: _____

PLEASE PROVIDE FAX #'S FOR ALL REFERENCES

* Do not include shipping companies such as Airborn, FedEx, any telecommunications companies, credit card companies, banks or credit unions.

Reference #1-Firm Name & Address	
	Phone () -
	Fax () -
	<i>Attn:</i>

Reference #2-Firm Name & Address	
	Phone () -
	Fax () -
	<i>Attn:</i>

Reference #3-Firm Name & Address	
	Phone () -
	Fax () -
	<i>Attn:</i>

Reference #4-Firm Name & Address	
	Phone () -
	Fax () -
	<i>Attn:</i>

Our firm is financially able to meet any commitments we have made. We agree to pay your invoices according to terms stated therein. We understand the information furnished on this page is for the purpose of obtaining business credit from your firm. We are authorized in our capacity to bind our firm accordingly. All accounts or monies due shall be due and payable at your place of business. All past due accounts, notes or judgements shall automatically draw interest at the rate of 18% per annum

Can you anticipate your monthly purchasing volume? \$ _____

Name (please print)

Title

Signature