



Application for Credit

Date _____

Company Name _____ Bill to Address _____

City _____ State _____ Zip Code _____

Ship to Address _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Fed Id # _____ DUNS # _____

**** If tax exempt, please fax certificate to 214-358-2709**

Principal Owners: Stockholders-Partners-Corporate Officers

Name	Mailing Address	City	State	Title
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

A/P Contact _____ Email _____
Telephone Number _____ Fax Number _____

Trade References

Name	Mailing Address	City	State	Phone
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Bank References

Bank Name	Mailing Address	City	State	Account Number	Bank Official	Phone
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____

Authorized Signature