

Individual Credit Application

PLEASE PRINT LEGIBLY.

Name: _____

Age: _____ SSN: _____ Phone: _____

HOME ADDRESS

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip: _____

FORMER ADDRESS (if at present address less than one year)

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip: _____

BILLING ADDRESS

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____ Phone: _____

Please indicate whether this account is one that your spouse is permitted to use, upon which both of you are contractually liable other than as guarantors, endorsers, or similar parties. Yes No

If yes, name of spouse: _____ SSN: _____

Please list the two closest relatives not living with you.

Name: _____ Phone: _____

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip: _____

Sales Tax Status Taxable Non-taxable (If non-taxable, attach a signed tax exemption certificate)

Name of person to contact regarding payment: _____ Phone: _____

STATEMENT DELIVERY METHOD

Statements should be: Mailed to Billing Address

(Select only one) Emailed to: _____

BANK REFERENCE

Name: _____ Contact: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____ Account # _____

CREDIT TRADE REFERENCES (THREE REQUIRED)

Name	Address	Phone	Account No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Amount of credit requested: _____

TERMS: Net 10th prox interest charged at 1.5% per month (18% per annum) will be added to accounts over 30 days past due. All purchases made in Texas will be due and payable in Dallas County, TX. All purchases made in Arizona will be due and payable in Maricopa County, AZ.

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I understand that the information furnished on this application is for the purpose of obtaining business credit. To the best of my knowledge, the information given is true and correct. Further, I have read the Terms and Copyright License Indemnification Agreement and agree to them as stated.

Signature of Applicant

Date

Signature of Spouse

Date