



**CREDIT APPLICATION**

**All information must be filled out in full except for references which can be on a separate sheet.**

**PLEASE FAX TO 866-436-4418**

Billing Name and Address:

Shipping Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Type of Business:

Corporation    Sole Proprietorship    Limited Partnership    LLC    Other \_\_\_\_\_

Non-Taxable:  NO    YES (please fax copy of certificate)   Resale No. \_\_\_\_\_

Names of Authorized Purchasers:

Accounts Payable Contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
A/P phone: \_\_\_\_\_  
A/P fax: \_\_\_\_\_

Credit Limit Requested \_\_\_\_\_

A/P Email: \_\_\_\_\_

Do you require purchase orders on all orders?  Yes    No

Would you like pricing to show on your pick ticket?  Yes    No

Would you like    Delivery or    Pick up  
(please see terms)

**GENERAL TERMS**

All bills become payable in full 30 days after receipt. A service charge of 1-1/2% per month will be billed to all overdue invoices if not paid by the due date stated thereof with a minimum charge of \$5.00 per unpaid invoice. If you request our delivery service, we do have **minimum** \$5.00 per visit fee that will be enforced. For the extended delivery areas, that fee may be higher.

**Trade References**

**Please fill out or attach sheet with all information requested.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Receivable Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Receivable Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Receivable Contact: \_\_\_\_\_

I declare that the above information is true, correct and complete and is given to East Texas Consolidated Supply, Inc. to extend credit. I authorize East Texas Consolidated Supply, Inc. to make a credit investigation including contacting the above trade references and obtaining credit reports. I authorize all trade references and credit reporting agencies to disclose to East Texas Consolidated Supply, Inc. any and all information requested concerning the financial and credit history of my company.

I have read the terms and conditions stated above and agree to all.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_