



BUSINESS CREDIT APPLICATION

955 Judway
Houston, Texas 77018

Attn: Credit Division

Company Name	Type of Business	Phone Number	Fax Number
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Billing Address	Shipping Address
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City	State	Zip	City	State	Zip
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Type of Ownership: Corporation Partnership Sole proprietor Government Non-Profit

Years in business: _____

Tax Exempt? Yes No
(If yes, please include resale card with application)

Parent company names (If different than above): _____

Address	Fax Number
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City	State	Zip
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Bank References

1. Name	Phone Number	Fax Number
Account Number	Contact:	
2. Name	Phone Number	Fax Number
Account Number	Contact:	

Open Accounts References

1. Name	Phone Number	Fax Number	
Address	City	State	Zip
2. Name	Phone Number	Fax Number	
Address	City	State	Zip
3. Name	Phone Number	Fax Number	
Address	City	State	Zip

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

Inter Office Use Only	DATE: ___/___/___
CREDIT LIMIT: _____	APPROVED BY: _____