



1705 Peachtree Rd.  
Mesquite, TX 75180  
Phone – (972) 289-9696  
Fax – (972) 289-7772

**Application For Account**

Name of Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address to Mail Invoices (if different from above): \_\_\_\_\_

Preferred Method Of Invoicing: Mail  Fax  E-mail

Corporation:  Partnership:  Individual:

Purchase Order Required: Yes:  No:

Years In Business: \_\_\_\_\_

EIN#: \_\_\_\_\_ or SSN#: \_\_\_\_\_

Dun and Bradstreet #: \_\_\_\_\_

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

Bank Account #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Trade References**

Include: Name of Company, Address, Contact Name, Phone Number and Fax Number

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

The above information is submitted for the purpose of obtaining credit, intending that these facts should be relied upon. If credit is extended, I (we) hereby agree to cooperate, in consideration of this privilege by making a settlement on or within 30 days from the date on the invoice. If our Company does not meet the terms stated above, we (the customer) will be responsible for payment of all collection agency fees.

\_\_\_\_\_  
Authorized Agent - Signature

\_\_\_\_\_  
Authorized Agent - Print

\_\_\_\_\_  
Date

**PLEASE NOTE OUR TERMS ARE NET 30 DAYS.  
WE ALSO ACCEPT ALL CREDIT CARDS.**

