2777 Allen Parkway, Ste 1000
Houston, Texas 77019-2165
Phone: (888) 927-7472
Facsimile: (888) 533-2094

Normal Credit Terms: Due Upon Receipt

## Company Information

| Last: | First: | Title: |
|---|---|---|
| Name of Business: | | Tax I.D. Number |
| Address: | City: | State: Zip: |
| Phone: | Fax: | Years at address: |

## Ownership Information

___ Corporation/Company ___ organized within last 12 months ___ Partnership ___ Individual ___ Other

| | Name of Principal(s) | Complete Address | Phone | Fax |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

## Bank References (list two)

| Institution Name: | Institution Name: |
|---|---|
| Bank contact: | Bank contact: |
| Account #: | Account #: |
| Address: | Address: |
| Phone: | Phone: |
| Fax: | Fax: |

## Trade References (list three)

| Company Name: | Company Name: | Company Name: |
|---|---|---|
| Contact: | Contact: | Contact: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Fax: | Fax: | Fax: |

**I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. We fully understand the credit terms and agree to the proper payment in consideration of extended credit.**

Signature _____ Title _____ Date _____