

Registered Company Address: 202 S Hardie St Alvin, TX 77511

Telephone: (281) 286-3600

CREDIT APPLICATION

Please fill out this form completely

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Corporation	Prop	rietorship	Partnership		Subsidiary _	(Derect Operantia)
Legal Business N Date Establishe Resale Permit N	d:					(Parent Corporation)
Bill to:					(
Ship to:				Phone: - Phone:	()	
Purchasing Age				Phone: Email:	()	
Accounts Payab	le Contact:			Phone: Email:	()	
Company Listed Dun & Bradstre	with Dun & Bradstreet: et Rating:	Yes	No	Lindii		
BANK REFERE	INCE					
Bank Name: Address:				A/C No. : Phone No:	()	
COMMERCIAL						
List below the fi Firm Name/Acc Address:	rms extending credit-volu ount No.	ime dollars net/30 tei	rms			
Contact: Firm Name/Acc Address:	ount No.	Phone:	<u>(</u>)		Fax: ()	
Contact: Firm Name/Acc Address:	ount No.	Phone:	()	-	Fax: ()	
Contact:		Phone:	<u>(</u>)	-	Fax: ()	
CREDIT LIMITS	3					
Credit Limit Des Amount of Initia Special Billing Ir	al Order:		is C.O.D. Acce		edit is Approved: Required:	YES / NO
<u>Please attach a</u>	copy of your sellers certi	ficate				
Owner/Officer S	ignature:			Title:		
Print Name:				Date:		