



CREDIT APPLICATION

Email to rmolloy@howardmcanear.com or
fax to 817-847-0444

County: _____

DATE: _____

CUSTOMER INFORMATION

BUSINESS/INDIVIDUAL NAME: _____ **HOW LONG IN BUSINESS:** _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

OFFICE PHONE: _____ **MOBILE PHONE:** _____ **FASCIMILE:** _____

EMAIL: _____ **EMAIL:** _____

BUSINESS TYPE: CORPORATION PARTNERSHIP PROPRIETORSHIP OTHER _____

LIST CORPORATE OFFICERS, PARTNERS OR OWNERS:

NAME	TITLE	HOME ADDRESS	SOC. SEC. NO.
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever filed for bankruptcy? Yes No. If yes, when? _____

Sales Tax Exempt: Yes No. If yes, please attach copy of State Exemption Certificate.

Purchase Order No. Required: Yes No. Type and Amount of Credit Applied for: _____

FOUR TO FIVE VENDOR REFERENCES AND ONE BANK REFERENCE

NAME	LOCATION	CONTACT	TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please List: Jobs and Locations, Owners and/or General Contractors, Contacts, Affiliate Companies, etc.

The Undersigned agrees to pay promptly when due all invoices representing purchases on credit pursuant to this application, including applicable late charges, if any. All accounts are payable at Seller's offices and shall be paid to Seller at mailing address as shown on Seller's invoice. Default in payment shall entitle Seller to recover it's collection cost, reasonable attorney's fees and interest, or at its option, to recover the merchandise without liability of any kind and will give Seller cause to terminate further rentals on an open account basis.

Authorized Signature

Title

Date