



**CREDIT APPLICATION**

Email [cbischofhausen@howardmcanear.com](mailto:cbischofhausen@howardmcanear.com)

fax 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 ADDRESS FOR INVOICES:** \_\_\_\_\_

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 its 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