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CREDIT APPLICATION

DATE: _____ DUNS #: _____

Name of Firm: _____
Corporation () Partnership () Sole Ownership ()

Nature of Business: _____

Website: _____

Phone #: _____ Taxable: Non-Taxable: _____

Fax #: _____ # of Employees: _____

Other Locations? _____

Delivery Address: _____ City: _____ State: _____ Zip: _____

Invoice Address: _____ City: _____ State: _____ Zip: _____

A/P Contact: _____ Dock-high Receiving: Yes ___ No ___

Phone #: _____ Forklift: Yes ___ No ___

Treasurer: _____ Receiving Hours: _____

Executive Officer: _____ Title: _____

If Branch or Division, address of Corporate Office: _____

Years, in Business: _____ Are Purchase Orders Required? _____

Bank Reference: _____ Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Trade References: Please fill in ALL blanks or attach your list. (Do not use UPS, freight lines, Dell, Xerox, or office supply companies)

1. _____ 3. _____

Phone #: _____ Fax #: _____ Phone #: _____ Fax #: _____

2. _____ 4. _____

Phone #: _____ Fax #: _____ Phone #: _____ Fax #: _____

Credit Terms: Net 30 Days

I/We are financially responsible and are able to and will pay your invoices in accordance with your terms. On any amount(s) not paid within 30 days from date of invoice, I/We agree to a late charge of 1 1/2% per month or fraction thereof. In the event of nonpayment of any amount(s) within 90 days from date of invoice, it is agreed that this account may be released to a collection agency and/or attorney for collection. I/We agree to pay all costs and reasonable attorney fees incurred by such action, plus interest at 1 1/2 % per month or fraction on amounts(s) due from date of invoice.

Print Name & Title

Authorized Signature Date

The signature above authorizes the bank(s) and creditors listed to release information for consideration of Open Account privileges.