



502 W. Highway 82, Gainesville, TX 76240
(940) 665-6182

-----Credit Application-----

Date: _____

Company Name: _____

Address: _____

Telephone No.: _____ Tax I.D.#: _____

Bank: _____ City: _____

Years In Business: _____ Owner: _____

Credit References - Open Accounts Only

1. Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

2. Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

3. Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

BY SIGNING, I AGREE TO PAY ACCOUNT IN FULL WITHIN 30 DAYS OF STATEMENT DATE.

Signed: _____

Title: _____