



CREDIT APPLICATION

1201 OAKLAWN AVENUE
DALLAS, TEXAS 75207
214.741.1970
FAX 214.741.1854

Date \_\_\_\_\_

Firm \_\_\_\_\_

Phone \_\_\_\_\_

Billing Address \_\_\_\_\_ Suite \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Tax Exempt ( ) Yes ( ) No Tax ID# \_\_\_\_\_

Person responsible for payables \_\_\_\_\_ Title \_\_\_\_\_

Trade References: Please list businesses, name of person to contact and phone numbers

(1) \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

(2) \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

(3) \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Delivery address: (if different than above)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Attention \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_