



7003C HIGHWAY 225
 DEER PARK, TX 77536
 713-568-9797 | 713-489-3845

CREDIT APPLICATION

(PLEASE PRINT AND FILL OUT COMPLETELY. FAX BACK TO THE CREDIT DEPARTMENT AT 713-489-3845)

| | | | |
|---|--|--------------------|-----|
| DATE APPLYING FOR CREDIT | | BUSINESS NAME | |
| OFFICE LOCATION | | | |
| STREET ADDRESS | | | |
| CITY | | STATE | ZIP |
| MAILING ADDRESS | | | |
| STRESS ADDRESS/POST OFFICE BOX | | | |
| CITY | | STATE | ZIP |
| PHONE | | FAX | |
| WEB ADDRESS | | | |
| MAIN CONTACT | | | |
| PHONE | | FAX | |
| EMAIL ADDRESS | | | |
| BUSINESS BACKGROUND | | | |
| TYPE OF BUSINESS <input type="checkbox"/> SOLE PROPIERTORSHIP <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> S CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY | | | |
| DATE ESTABLISHED | | STATE INCORPORATED | |
| ACCOUNTS PAYABLE | | | |
| NAME | | | |
| PHONE | | FAX | |
| EMAIL | | | |
| PREFERENCE FOR RECEIVING INVOICES AND STATEMENTS <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL | | | |
| NAME OF PRESIDENT OR PRINCIPAL OWNER(S) | | | |
| NAME | | TITLE | |
| SOCAIL SECURITY | | DATE OF BIRTH | |
| HOME ADDRESS | | | |

| | | | |
|--|--|------------------------|-----|
| CITY | | STATE | ZIP |
| PHONE | | FAX | |
| EMAIL ADDRESS | | | |
| NAME | | TITLE | |
| SOCAIL SECURITY | | DATE OF BIRTH | |
| HOME ADDRESS | | | |
| CITY | | STATE | ZIP |
| PHONE | | FAX | |
| EMAIL ADDRESS | | | |
| TAX INFORMATION | | | |
| TAX ID NUMBER | | TAX EXEMPTION NUMBER | |
| WILL YOU PAY TAXES? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YOU CHECKED NO, A CERTIFICATE OF RESALE MUST BE ATTACHED OR SALES TAX MUST BE CHARGED) | | | |
| LIST JOB NUMBERS WHERE TAX EXEMPTION APPLIES | | | |
| JOB NUMBER | | LOCATION | |
| JOB NUMBER | | LOCATION | |
| JOB NUMBER | | LOCATION | |
| FINANCIAL INFORMATION (PLEASE ATTACH A COPY OF YOUR CURRENT FINANCIAL STATEMENT, IF AVAILABLE) | | | |
| BANK REFERENCE | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |
| PHONE | | FAX | |
| CHECKING ACCOUNT NUMBER | | SAVINGS ACCOUNT NUMBER | |
| BANK REFERENCE CONTACT | | | |
| PHONE | | FAX | |
| EMAIL | | | |
| CREDIT LINE REQUESTED | | | |
| CREDIT REFERENCES (PLEASE PROVIDE THREE (3) ACCURATE AND RECENT CREDIT REFERENCES) | | | |
| COMPANY NAME | | ACCOUNT NUMBER | |
| REFERENCE CONTACT | | | |

| | | | |
|-------------------------------------|-----|----------------|--|
| PHONE | FAX | | |
| EMAIL | | | |
| | | | |
| COMPANY NAME | | ACCOUNT NUMBER | |
| REFERENCE CONTACT | | | |
| PHONE | FAX | | |
| EMAIL | | | |
| | | | |
| COMPANY NAME | | ACCOUNT NUMBER | |
| REFERENCE CONTACT | | | |
| PHONE | FAX | | |
| EMAIL | | | |
| | | | |
| AUTHORIZED AGENT NAME, PLEASE PRINT | | DATE | |
| AUTHORIZED AGENT SIGNATURE | | TITLE | |
| AUTHORIZED AGENT NAME, PLEASE PRINT | | DATE | |
| AUTHORIZED AGENT SIGNATURE | | TITLE | |

| | | | |
|----------------------------|-------------------------|--|----------------------|
| FOR OFFICE USE ONLY | | CUSTOMER APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| REASON FOR DENIAL | | | |
| CREDIT LIMIT | DATE APPLIED FOR CREDIT | DATE APPROVED | SALES REPRESENTATIVE |
| APPROVED BY | | SIGNATURE | |
| NOTES | | | |



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CREDIT AGREEMENT

This applicant, _____, hereby grants permission to, Bay Area Contractor Supply, LLC, to obtain any and all information from any sources related to its credit standings.

| | |
|-------------------------------------|-------|
| AUTHORIZED AGENT NAME, PLEASE PRINT | DATE |
| AUTHORIZED AGENT SIGNATURE | TITLE |
| AUTHORIZED AGENT NAME, PLEASE PRINT | DATE |
| AUTHORIZED AGENT SIGNATURE | TITLE |