



502 W. Highway 82, Gainesville, TX 76240
(940) 665.6924

-----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: _____