

# Business Credit Application

For fast credit approval please  
fax this form to: 817.478.6842

## Company Information

Company Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Tax Exempt? (If yes, please include resale certificate or tax-exempt form)

Yes  No

Tax Exempt No: \_\_\_\_\_ State: \_\_\_\_\_

Type of Ownership:

Corporation  Government  
 Partnership  Non-Profit  
 Sole proprietor

Parent company names (If different than above): \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Bank References

1. Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Account No: \_\_\_\_\_ Contact: \_\_\_\_\_

2. Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Account No: \_\_\_\_\_ Contact: \_\_\_\_\_

### Trade References

1. Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Inter Office Use Only

Date: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Approved By: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_



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