



1705 PEACHTREE RD.  
MESQUITE, TX. 75180  
Phone: 972-289-9696 Fax 972-288-8486

**Application For Open Account**

**BUSINESS INFORMATION**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Purchaser Contact: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Number Of Years \_\_\_\_\_

EIN # \_\_\_\_\_ Or SSN # \_\_\_\_\_

**BANK INFORMATION**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Acct. # \_\_\_\_\_

Officer: \_\_\_\_\_

**TRADE REFERENCES:**

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

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Account No. \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Account No. \_\_\_\_\_



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

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Account No. \_\_\_\_\_

**ACCOUNTS PAYABLE INFORMATION:**

Purchase Order Required: \_\_\_\_\_ Yes \_\_\_\_\_ No

Accounts Payable Contact: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Phone: \_\_\_\_\_

Invoices Mailed To: \_\_\_\_\_

\_\_\_\_\_

The above information is submitted for the purpose of obtaining credit, intending that these facts should be relied upon. If credit is extended, I (we) hereby agree to cooperate, in consideration of this privilege, by making a settlement on or within 30 days from the date on the invoice. If our Company does not meet the terms stated above, we (the Customer) will be responsible for payment of all collection agency fees.

\_\_\_\_\_  
Authorized Agent – Signature

\_\_\_\_\_  
Authorized Agent – Print

\_\_\_\_\_  
Date