



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

Application For Open Account

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Corporation _____ Partnership _____ Individual _____

Number Of Years _____

EIN # _____ Or SSN # _____

Bank Name: _____

Address: _____

Phone: _____ Acct. # _____

Officer: _____

Trade Refererences:

Name: _____

Address: _____

Phone _____ Fax _____

Name: _____

Address: _____

Phone _____ Fax _____

Name: _____

Address: _____

Phone _____ Fax _____

Purchase Order Required: _____ Yes _____ No

Accounts Payable Contact: _____ () _____

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
6/24/2008

Date