



CREDIT APPLICATION

Credit Line Requested: _____ Date: _____

BUSINESS INFORMATION:

Legal Business Name: _____

Contact: _____ Title: _____ Phone:(_____) _____

Street Address: _____ City, State, Zip: _____

Type of Business: Corporation: Partnership: Sole Proprietorship: Non/Profit:

Tax Payer ID Number: _____

Tax Exempt? Yes No (If yes, please provide exemption certificate)

Status of Business: New: Established: Number of Years: _____

Owner/Principal Name: _____ DUNS#: _____

Street Address: _____ City, State, Zip: _____

Preferred Shipping Method: _____

UPS Account #: _____ Fed Ex Account #: _____

BANK AND TRADE RELATIONSHIPS:

Primary Bank: _____ Branch: _____ Phone:(_____) _____

Bank Officer: _____ Account #: _____

Other Bank/s: _____ Phone:(_____) _____

Bank Officer: _____ Account #: _____

TRADE REFERENCES:

Table with 4 columns: Name, Fax, Phone, Contact. Three rows of trade references.

By signing below, I certify that the statements given in this application and on any attachment(s) are true and complete as of the date given below. On behalf of the above-named company, I authorize Lone Star Circuits to verify and check any of the information given, check credit references, and obtain credit reports. I also authorize Lone Star Circuits to provide credit information on our account to others.

CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED AND VERIFIED

Authorized Signature _____ Date _____ Title _____