



## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

|                      |              |                        |                   |
|----------------------|--------------|------------------------|-------------------|
| Company name:        |              | Date business started: |                   |
| Physical Address:    |              |                        | Type of business: |
| City:                |              | State:                 | ZIP Code:         |
| Phone:               | Fax:         | E-mail:                |                   |
| Sole proprietorship: | Partnership: | Corporation:           | Other:            |
| Owner/Officer:       | Address:     |                        | City/ST Zip       |
| Owner/Officer:       | Address:     |                        | City/ST Zip       |
| SS Nbr:              | Fed ID#:     | Annual Sales:          |                   |

### BUSINESS AND CREDIT INFORMATION

|                  |      |         |               |        |      |
|------------------|------|---------|---------------|--------|------|
| Billing Address: |      | City:   |               | ST:    | Zip: |
| Billing Contact: |      | Ph:     | Fax:          | Email: |      |
| Telephone:       | Fax: | E-mail: |               |        |      |
| Bank Name:       |      |         | Bank Contact: | Ph:    |      |
| Bank Address:    |      |         | City/ST Zip:  |        |      |

### BUSINESS/TRADE REFERENCES

|                  |      |         |  |           |  |
|------------------|------|---------|--|-----------|--|
| Company name:    |      |         |  |           |  |
| Address:         |      |         |  |           |  |
| City:            |      | State:  |  | ZIP Code: |  |
| Phone:           | Fax: | E-mail: |  |           |  |
| Type of account: |      |         |  |           |  |
| Company name:    |      |         |  |           |  |
| Address:         |      |         |  |           |  |
| City:            |      | State:  |  | ZIP Code: |  |
| Phone:           | Fax: | E-mail: |  |           |  |
| Type of account: |      |         |  |           |  |
| Company name:    |      |         |  |           |  |
| Address:         |      |         |  |           |  |
| City:            |      | State:  |  | ZIP Code: |  |
| Phone:           | Fax: | E-mail: |  |           |  |
| Type of account: |      |         |  |           |  |

### AGREEMENT

1. All invoices are due upon receipt and past due if payment is not received at Tex-Air Delivery 1061 Texan Trail Ste 600 Grapevine, TX 76051 within 30 days of the invoice date.
2. By submitting this application, you authorize Tex-Air Delivery to make inquiries into the banking and business/trade references you have supplied.
3. Application must be signed by authorized company official attesting financial responsibility, ability and willingness to pay invoices in accordance with above terms.

### SIGNATURES

|  |  |
|--|--|
| Signature: _____<br>Printed: _____<br>Title: _____ Date: _____ | Signature: _____<br>Printed: _____<br>Title: _____ Date: _____ |
|--|--|