



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 PO Box 610926 DFW Airport, TX 75261 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: _____	Signature: _____
Printed: _____	Printed: _____
Title: _____ Date: _____	Title: _____ Date: _____