



5221 M.L.K. Blvd.  
Lubbock, Texas 79404

P.O. Box 3217  
Lubbock, Texas 79452

Fax: (806)-687-5999  
Phone: (806) 687-5991  
Toll Free: 1-877-687-5991

## APPLICATION FOR CREDIT

### BILLING INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Fax: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
A/P Contact: \_\_\_\_\_  
Email: \_\_\_\_\_

### DELIVERY INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Fax: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Contact: \_\_\_\_\_  
Email: \_\_\_\_\_

Owner: \_\_\_\_\_  
Purchasing Contact: \_\_\_\_\_  
Purchasing Email: \_\_\_\_\_  
Resale # Texas: \_\_\_\_\_  
*(Must be 11 Digits)*  
Taxable: **YES / NO** Exempt: **YES / NO** *(If Yes Furnish Exempt.)*

Manager: \_\_\_\_\_  
Corporation: **YES / NO** State: \_\_\_\_\_  
CRS # New Mexico: \_\_\_\_\_  
*(Must have original copy on file - Must be 11 Digits)*  
Price Copy: **YES / NO** P.O. #'s Required: **YES / NO**

### REFERENCES

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_  
4. \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Fax: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
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Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Fax: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Bank References: \_\_\_\_\_  
Officers: \_\_\_\_\_

### FOR OFFICE USE ONLY

Customer ID: \_\_\_\_\_  
Credit Approved: \_\_\_\_\_  
Terms: \_\_\_\_\_  
Code: \_\_\_\_\_

O/S Sales Rep: \_\_\_\_\_  
Credit Denied: \_\_\_\_\_  
Limit: \_\_\_\_\_  
Date: \_\_\_\_\_