

Credit Application

Company Name _____ Phone _____

A/P Contact Name & Email _____

MAILING ADDRESS

Number/Street: _____ City: _____ State: _____

Zip: _____ County: _____

STREET ADDRESS

Number/Street: _____ City: _____ State: _____

Zip: _____ County: _____

Please check the appropriate: _____ Individual _____ Partnership _____ Corporation

INFORMATION ON INDIVIDUAL OR PARTNERS OR OFFICERS

NAME: _____ Current Address: _____

City: _____ State: _____ Zip: _____ County: _____

NAME: _____ Current Address: _____

City: _____ State: _____ Zip: _____ County: _____

NATURE OF BUSINESS: _____ YEARS IN BUSINESS: _____

I/We hereby give the following references permission to release account/credit information to **Texas Contractors Equipment, Inc.**

Bank Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Officer: _____

Account # : _____ Email : _____ Phone # : _____

TRADE REFERENCES

NAME	ADDRESS	EMAIL ADDRESS	PHONE NUMBER
------	---------	---------------	--------------

1. _____

2. _____

OUR CREDIT TERMS : NET 30 DAYS

Would you like to receive your invoice via e-mail instead of mailed ? _____ YES _____ NO

Require Purchase Orders : _____ YES _____ NO

Sale Tax Exempt : _____ NO _____ YES If YES, please attach copy of Sales Tax Exemption Certificate

The applicant certifies that all information on this form is correct, fully understands our credit terms, and agrees to proper payment in consideration of extended credit by **Texas Contractors Equipment, Inc.**

SIGNATURE TITLE DATE

PLEASE EMAIL BACK TO: texequip@texconeqp.com

OUR MAILING/REMITTANCE ADDRESS: P. O. BOX 710547 HOUSTON, TEXAS 77271-0547

PHONE NUMBER: 713-776-1212 OR 800-483-9266