

BUSINESS CREDIT APPLICATION

Business Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Owner/Manager _____ Tel.No. _____

Email address _____

How long in business _____ Type of business _____

Trade References:

1. Name _____ Address _____

Contact _____ Phone _____

2. Name _____ Address _____

Contact _____ Phone _____

3. Name _____ Address _____

Contact _____ Phone _____

Credit line requested \$ _____

If you are tax exempt you must attach a copy of Sales Tax Resale Certificate or Sales Tax Exempt Certificate.

Billing Address (if different from above):

Business Name _____ Date _____

Address _____ City _____ State _____ Zip _____

The undersigned authorizes inquiry as to credit information. Applicant agrees that terms on any credit extended are net thirty (30) days. Any amounts not so paid will accrue interest at the rate of one and onehalf (1.5) percent per month until the balance is paid. We further acknowledge that credit privileges, if granted, may be withdrawn at any time.

Signature _____ Title _____



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