

Credit Application

802 Brandi Lane Unit D, Round Rock, TX 78681

512-201-4480

Salesperson:

The Company					
Legal Company Name:		DBA			
Complete Billing Address:		City	State	Zip	
Complete SHIP TO/DELIVERY Address:		City	State	Zip	
Telephone:	Fax:	Email Address:			
Corporation:Partnership:LLC:	Proprietorship: Federa	al ID# (FEIN):	Sales Tax #:		
Month/Year Business Established:	Terms requested:	Estimated	purchases per week:		
Owners/Principals					
Name:	Fitle: Home Addre	ess/Phone:			
Name:					
Bank Checking Information					
Bank Name:	Account Officer:	Phone:	Fax:		
	Is there more than one checking account?				
Trade References (Major Suppliers)					
Name:	City/State:		Telephone:		
Name:	·		·		
Terms, Conditions, Authorizations:	·		·		
By execution of this instrument, buyer ratifies and a 1.5% per month of the unpaid balance. In the event subsidiaries reasonable attorney fees and/or collect Buyer authorizes agents of Colinas Products, LLC a obtaining credit reports. Buyer authorizes all trade rand all information concerning the financial and credit reports.	any suit or proceeding is required tion service fees incurred in the co and its subsidiaries to make credit eferences, banks and credit repor	I to effect the collection of any purse of such collection efforts investigations as necessary, ting agencies to disclose to C	y amount due, buyer agrees and agrees that venue of le including contacting the abo	to pay all of Colinas Products, LLC and its egal action will be in Williamson County, TX. ove trade references and banks and/or	
Printed Name:	Title:		Date:		
Signature:	Date:	SS#	#		
Personal Guarantee:					
For value received and in order to induce Colinas P and full payment when due of any and all debts to C named account, including late charges, attorney's fe guarantee is waived. Use of corporate titles shall in	Colinas Products, LLC and its subsees and disbursements. This is a	sidiaries arising out of sales or continuing guarantee and can	r advances by Colinas Prod not be revoked under any c	lucts, LLC and its subsidiaries to the above circumstances. Notice of Acceptance of this	
Printed Name:		SS#:			
Home Address:		City	State	Zip	
Signature:		Date:			