

COMMERCIAL CREDIT APPLICATION

**YOUR BUSINESS
ADDRESS
PHONE**

FIRM NAME: _____ TELEPHONE _____
ADDRESS: _____ FAX _____
CITY: _____ STATE: _____ ZIPCODE: _____

REQUEST:

AMOUNT OF CREDIT REQUESTED: _____ PAYMENT PERSONALLY GUARANTEED?
 YES NO IF YES BY: _____ POSITION IN THE COMPANY: _____

TYPE OF ENTITY:

- CORPORATION (if you are using a fictitious business name, please include the fictitious business name.)
- LIMITED LIABILITY COMPANY RESALE #: _____
- LIMITED PARTNERSHIP FEDERAL TAX I.D. #: _____
- PARTNERSHIP DUNS #: _____
- SOLE PROPRIETORSHIP BUSINESS START DATE: _____

OWNERSHIP

Name of owner: _____ Telephone #: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Name of owner: _____ Telephone #: _____
Address: _____ City: _____ State: _____ Zip Code: _____

BANK REFERENCES

Name: _____ Account #: _____ Telephone #: _____ Contact Person: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Name: _____ Account #: _____ Telephone #: _____ Contact Person: _____
Address: _____ City: _____ State: _____ Zip Code: _____

(Please list all and any other banks your company uses for business.)

TRADE REFERENCES: (please list three (3) minimum)

Name: _____ Contact Person: _____ Telephone #: _____
Address: _____ City: _____ State: _____ Zip Code _____

Name: _____ Contact Person: _____ Telephone #: _____
Address: _____ City: _____ State: _____ Zip Code _____

Name: _____ Contact Person: _____ Telephone #: _____
Address: _____ City: _____ State: _____ Zip Code _____

LANDORD:

Name: _____ Contact Person: _____ Telephone #: _____
Address: _____ City: _____ State: _____ Zip Code _____

Lease or Rent Amount per month: _____

Dunn and Bradstreet # _____

ENTITY:

1. **Corporation:** Please provide a copy the articles of incorporation and including which state you are incorporated in.
2. **Limited Liability Company:** Please provide a copy from secretary of state of Organization papers.
3. **Limited Partnership, Partnership or Sole Proprietor:** Please provide a copy of your fictitious name registration.
4. **All:** Please provide a copy of your business license if the city you do business in if it requires a business license.

Please print full name, title/ position, date, and sign as an individual.

Name _____ Title _____

Signature _____ Date _____

PERSONAL GUARANTEE

The within guarantee is made for the benefit of, and to obtain credit on a continuing basis from West Texas Backflow Control The undersigned hereby guarantees the performance of all obligations of _____, including but not limited to payment of all present and future indebtedness to West Texas Backflow Control, whether secured or unsecured and regardless of how the indebtedness is represented or incurred and regardless of prior notice, demand or pursuit of remedies against the party primarily liable. The undersigned consents to any extension or alteration of any obligation and guarantees such with out prior notice. This guarantee shall continue in effect until the undersigned has notified West Texas Backflow Control in writing via certified mail of its cancellation, but such cancellation shall not alter any obligation of the undersigned arising thereunder prior to receipt of such written notice.

The undersigned hereby authorizes West Texas Backflow Control or its agent to investigate his/her credit and authorizes any bank, mortgage lender or landlord, credit reference or any other party to release information to West Texas Backflow Control or its agent, and hold harmless for said disclosure. The undersigned grants a security interest in all goods sold, and agrees to pay reasonable attorney's fees and cost of collection and interest at the maximum legal rate in the event of any default under this obligation.

Name _____ Social Security # _____

Signature _____ Date _____