



502 W. Highway 82, Gainesville, TX 76240  
(940) 665-6182

-----Credit Application-----

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Tax I.D.#: \_\_\_\_\_

Bank: \_\_\_\_\_ City: \_\_\_\_\_

Years In Business: \_\_\_\_\_ Owner: \_\_\_\_\_

**Credit References - Open Accounts Only**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**BY SIGNING, I AGREE TO PAY ACCOUNT IN FULL WITHIN 30 DAYS OF STATEMENT DATE.**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_