



12617 Beltex Dr.; Manor, TX 78653
 TEL: 512.339.7808 FAX: 512.339.1521

CREDIT APPLICATION

DATE: _____, 20____

Name of Firm/Corporation: _____

Street: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Fax Number: _____

Type of Business: _____ Date Established: _____ How long in Business: _____

Principals (Names of officers or owners)

Name : _____ Position: _____

Name : _____ Position: _____

Name : _____ Position: _____

Name : _____ Position: _____

Sales Tax ID Number: _____

Federal ID Number: _____

Social Security Number: _____

Has the firm or any of its Principals ever been bankrupt? Yes No If Yes, Explain.

Your legal entity is: **Corporation** **Co-Partnership** **Proprietorship**
 (IF A CORPORATION, LIST NAMES OF OFFICERS AND TITLES. IF OTHER ENTITY, LIST NAMES OF PARTNERS OR OWNERS.)

Please list 4 trade references that you are presently doing business with.
 (NOTE PLEASE FURNISH COMPLETE STREET ADDRESS, CITY, STATE AND ZIP)

_____ (COMPANY NAME)	_____ (ADDRESS, CITY, STATE)	_____ (PHONE)	_____ (FAX)
_____ (COMPANY NAME)	_____ (ADDRESS, CITY, STATE)	_____ (PHONE)	_____ (FAX)
_____ (COMPANY NAME)	_____ (ADDRESS, CITY, STATE)	_____ (PHONE)	_____ (FAX)
_____ (COMPANY NAME)	_____ (ADDRESS, CITY, STATE)	_____ (PHONE)	_____ (FAX)

BANK INFORMATION

(1) Acct. Number: _____

(COMPANY NAME) (ADDRESS, CITY, STATE) (PHONE) (FAX)

(2) Acct. Number: _____

(COMPANY NAME) (ADDRESS, CITY, STATE) (PHONE)
(FAX)

TERMS AND CONDITIONS

Balance due in full 30 days following date of invoice. A late charge of 2% per month, not to exceed 24% per annum, simple interest, or the maximum rate allowed under the laws of the state of Texas, will be added on past due balances. If this account becomes overdue and referred to a collection agency, or if this account is referred to an attorney for collection, the customer agrees to pay all costs of any such actions including reasonable attorneys fees. Venue for any such action shall be in the circuit court of county court in and for Travis county, Texas. The customer further acknowledges the above and agrees that with regard to any such account or late charges that the applicant, customer, and Couronne Company, Inc. are parties to a written agreement.

Applicant, customer, authorizes Couronne Company, Inc., to verify applicant’s credit worthiness by obtaining a credit report, or by directly contacting banks, lending institutions and suppliers in connection with this application or later in connection with an update.

Customer – Applicant signature _____ **Date:** _____

PERSONAL GUARANTEE

Name of Guarantor _____

Signature of Guarantor _____

Physical Address _____

Mailing Address _____

Business Phone: _____ **Home Phone** _____ **Fax Phone** _____

TO BE FILLED OUT BY COURONNE COMPANY

Approved credit limit _____

Date credit approved _____

BY _____