Customer Account Application

OFFICIAL USE ONLY CUSTOMER NUMBER: CREDIT LIMIT:	T PREAT	A	N			
NAME OF FIRM OR INDIVIDUAL:		YEARS AT THIS ADDRESS				
ATTENTION:		PHONE (XXX) XXX - XXXX				
ADDRESS FOR INVOICING		EMAIL YES				
CITY, STATE ZIP CODE			CUSTOMER PO REQUIRED?			
CHI, SINTE ZII COSE			NO YES			
Payables Email		CUSTO	CUSTOMER TAX EXEMPTION			
HEREBY applies for credit in accordance within the	1050 Hughie Lo Cresson, TX 760	ng Rd 35				
CORPORATION	STATE OF INCORPORATION	PARTNE	RSHIP	INDIVIDUAL	OTHER	
FEDERAL TAX ID NUMBER:]
NAME(S) OF PRINCIPAL/PARTNER/OWNER PHONE		ADDRESS				, 7
SOCIAL SECURITY OF OWNER OR PARTNER DRIVER'S LICENSE OF OWNER/PARTNER		CITY, STATE	ZIP CODE			1
NAME(S) OF PRINCIPAL/PARTNER/OWNER PHONE		ADDRESS				
]
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NAME(S) OF PRINCIPAL/PARTNER/OWNER	PHONE	ADDRESS]
SOCIAL SECURITY OF OWNER OR PARTNER	DRIVER'S LICENSE OF OWNER/PARTNER	CITY, STATE	ZIP CODE]
BANK INFORMATION						
BANKINI ONIVIATION	7					_
BANK NAME	_					
ADDRESS	7					
CITY, STATE ZIP CODE						
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BANK OFFICER/ACCOUNT MGR/DEPARTMENT

PHONE

ACCOUNT NUMBER

PLEASE FURNISH PHONE NUMBERS FOR ALL TRADE AND BANK REFERENCES