

LONESTAR ARMATURE

APPLICATION FOR CREDIT

COMPANY NAME _____ DATE _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE (_____) _____ FAX (_____) _____

TYPE OF BUSINESS _____ YEARS IN BUSINESS _____

PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

NAME OF OWNERS (OFFICERS):

1. _____ TITLE _____
2. _____ TITLE _____
3. _____ TITLE _____

BANK INFORMATION:

BANK _____ PHONE (_____) _____

CONTACT _____ ACCT# _____

TRADE REFERENCES:

	NAME	ADDRESS	PHONE NUMBER	FAX NUMBER	ACCT #
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

ALL INVOICES ARE DUE WITHIN **30 DAYS**. ANY PAST DUE ACCOUNT WILL BEAR AN INTEREST AND SERVICE CHARGE AT THE RATE OF 18% PER ANNUM/1.5% PER MONTH.

I/WE HEREIN MAKE APPLICATION TO LONESTAR ARMATURE FOR CREDIT. IF CREDIT IS GRANTED, I/WE AGREE TO BE BOUND BY THE TERMS AND CONDITIONS ON THIS APPLICATION.

SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____