



5617 Campbell Rd.  
Houston, TX 77041

Phone: 713.460.8400  
Fax: 713.460.5137

### CREDIT APPLICATION

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Date \_\_\_\_\_ Line of Credit Requested \_\_\_\_\_

Legal Business name \_\_\_\_\_

DBA or Assumed Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Address \_\_\_\_\_ For Past \_\_\_\_\_ Years

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_ Years in Business \_\_\_\_\_

**OWNERSHIP:** Sole Proprietorship  Partnership  Corporation

Principal: \_\_\_\_\_  
(Name) (Title) (SS# or Driver's License#)

Principal: \_\_\_\_\_  
(Name) (Title) (SS# or Driver's License#)

#### TRADE REFERENCES (3)

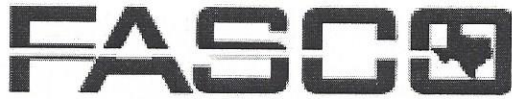
NAME	ADDRESS	PHONE/FAX#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

#### BANK REFERENCES

\_\_\_\_\_  
(Institution Name) (Address/Phone)

\_\_\_\_\_  
(Contact Name) (Account#) (Routing#)

No. of Employees \_\_\_\_\_ Est. Annual Sales \_\_\_\_\_ Sales Area \_\_\_\_\_



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

Has the firm or any of its principals ever been bankrupt? Yes  No

If yes please explain: \_\_\_\_\_

Any misrepresentation in this application will be considered evidence of fraud since the information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized us to investigate the credit references and principals listed. In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed NET 30 DAYS. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

\_\_\_\_\_  
(Name of Business)

\_\_\_\_\_  
(Print Name/Title) (Signature)

\_\_\_\_\_  
(Print Name/Title) (Signature)

Invoice/Contact Preference

Fasco has the ability to deliver your invoices via mail, fax or e-mail. Which would you prefer?

U.S. mail  Fax  E-mail

Address	Fax #	E-mail address

Accounts Payable Contact Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please return this completed application to: [accounting@fascotexas.com](mailto:accounting@fascotexas.com) or fax to: 713 460-5137