



Corporate Address

5617 Campbell Rd.
Houston, Tx 77041

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Email: salesdept@fascotexas.com

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 _____ Yrs In Business _____

OWNERSHIP: Sole Proprietorship Partnership Corporation

PRINCIPAL: _____
 (Name) (Title) (SS#/Drivers License#)

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TRADE REFERENCES:

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 _____

Credit Application

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Date: _____

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

If Yes, explain _____

Any misrepresentation in this application will be considered evidence of fraud, since this 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 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) and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate on all past due balances). 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)

CREDIT DEPARTMENT USE ONLY

Line of Credit: Approved / denied Amount \$ _____ Date _____ Intl _____

Invoice/Contact Preferences

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: _____ Ph# _____ E-mail _____