



Credit Application

Fax: 817-581-0400
 Phone: 817-545-6001
 4101 Gateway Drive
 Colleyville, TX 76034

To Supply Depot: For the purpose of establishing credit with Supply Depot, the undersigned applicant furnishes the following information. Applicant represents and warrants said information to be a true and correct statement of its condition financial and otherwise.

Business Applicant			A/P Contact Name		
Street Address			Billing Address		
City	State	Zip			
Telephone No.	Fax No.	Cell No.	County		
Federal ID#	Estimated Monthly Purchases \$		Years in Business		
E-mail Address	Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/>			No. Of Employees	
Owners (if Sole Proprietor or Partnership)		Officers (if Corporation)		Title	
Name				Soc. Sec. No.	
Address				Home Phone No.	
Name					
Address					
Bank Information					
Bank Name			Branch Address		
Account No.	Contact	Telephone No.	Fax No.		
Bank Name			Branch Address		
Account No.	Contact	Telephone No.	Fax No.		
Trade References					
Name			Address		
Contact Name	Telephone No.	Fax No.			
Name			Address		
Contact Name	Telephone No.	Fax No.			
Name			Address		
Contact Name	Telephone No.	Fax No.			

Please supply the following information to help us better serve your needs

1. Do you require a purchase order number on each invoice? If yes, supplies will not be released if not provided. Yes No
2. Do you have any restriction on who can order or sign for supplies? If yes, a list of authorized personnel must accompany this application. Yes No
3. Do you require any special instructions on your account? If so, please attach. Yes No

Open Account Credit Terms

1. Each invoice is payable and due on the 10th of the following month from the date of the invoice.
 2. At the discretion of Supply Depot, any account with a delinquent balance may be placed on a cash basis at anytime.
 3. Supply Depot files preliminary lien notices and mechanics' liens whenever necessary or required by law. This is Company Policy, and is not a reflection of your credit standing or rating. The undersigned agrees to furnish Supply Depot with accurate information necessary to complete the notices or liens.
 4. Customer agrees to pay on each delinquent account a monthly service charge of 1 1/2% or the maximum permitted by law in the state where the contract is signed. A fee of \$25 will be charged for all N.S.F. Checks.
 5. Customer agrees to pay all reasonable attorneys fees, collection cost, and court cost incurred by Supply Depot in enforcing these terms and conditions.
 6. Customer authorizes Supply Depot to obtain credit reports, trade reports, and bank references for the purpose of determining the extension or continuation of credit.
- The undersigned warrants that all information is correct, has read, accepted and agrees to be bound by all of the above terms and conditions set forth in this document and in each invoice ordered by the undersigned or his agents. It is understood and agreed that the undersigned specifically consents to Supply Depot's investigation of the applicant's credit history and may utilize credit-reporting services for information on the undersigned. Facsimile copies will be accepted as originals.

Date _____

Print Name _____

Signature _____

Title _____

Continuing Personal Guaranty

The undersigned hereby unconditionally guarantee(s) the full and prompt payment to Supply Depot when due all indebtedness, obligations, and liabilities of the customer named in this Credit Application, including all amounts now owing and arising in the future, and including any interest, attorneys fees, and collection and court cost. The undersigned agrees to be personally bound by all credit terms of this Credit Application. This guarantee shall continue in force until notice in writing sent by certified mail, return receipt requested, is received by Supply Depot. This notice shall specify the date of termination, not to be less than seven (7) days after the notice is received and shall not affect any charges for transactions with the customer that were entered into prior to the termination date.

Date _____

Signature _____

Signature _____

OFFICE USE	Approved By: _____	Date: _____	Account #: _____
	REV 20090313A		