



24982 FM 2090 · Splendora, TX 77372
Phone (281) 399-8281 Fax (281) 399-8364
Email nixon@lonestaryshielding.com

CREDIT APPLICATION

Company Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
A/P Contact: _____ A/P Email: _____
Website: _____

Please note: As of January 1, 2012 we are moving towards a paperless invoicing system. New accounts will receive invoices via email only. Please make sure you supply an email address that can be used to send these invoices.

Does your company have a TX Resale Certificate? (TX companies only) [] YES [] NO (Please check)

If yes, please email a copy of your TX Resale Certificate with your Sales Tax # to nixon@lonestaryshielding.com Or fax it to 281-399-8364

Bank Information

Bank Name: _____ Address: _____
City: _____ State: _____
Contact Name: _____ Telephone #: _____

Trade References

Please list at least (3) suppliers that you have a current credit account with.

Name: _____	Name: _____
Street: _____	Street: _____
City _____ State: _____ Zip: _____	City _____ State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____

Name: _____	Name: _____
Street: _____	Street: _____
City _____ State: _____ Zip: _____	City _____ State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____

Customer acknowledges and agrees that the purchase terms are "Net 30 days from the date of invoice" and all payments will be made on time. Company also acknowledges responsibility for any and all interest, collection fees, attorney and/or court fees or other charges incurred due to outstanding invoices.

Name (Print): _____ Position/Title: _____
Signature: _____ Date: _____