

ACE-TEX CREDIT APPLICATION FORM

TODAYS DATE: _____

FULL LEGAL NAME OF BUSINESS:

Bill To Address: _____

Ship To Address: _____

Phone: _____ Fax : _____

Purchasing Agent / Contact: _____

Direct Phone : _____

Direct Fax: _____

Accounts Payable Contact: _____

Direct Phone: _____

Direct Fax: _____

Customer Bank: _____ Branch: _____

Require Monthly Statements ? YES _____ NO _____

Number of Years in Business: _____

Tax Exempt : YES _____ NO _____

If Tax Exempt : Tax ID Number _____

Reason For Tax Exemption : _____

DUNS Number : _____

REFERENCES :

Name : _____

City / State: _____

Phone : _____ Fax: _____

Contact / Title _____

Name: _____

City /State : _____

Phone : _____ Fax: _____

Contact/ Title : _____

Name: _____

City / State: _____

Phone: _____ Fax: _____

Contact / Title: _____

Name of Person Completing Form: _____

Signature: _____ Title: _____

Date: _____

****** ALL ACCOUNTS ARE NET 30 DAYS**

****** PLEASE FAX BACK TO: (313) 834-0260**