

## **APPLICATION FOR LINE OF CREDIT**

Fax: (817) 645-9129 or Email: <a href="mailto:sales@petrorubber.com">sales@petrorubber.com</a>

Corporation	Partnership 🗌 Individual 🗌		
DL#	SS# Tax/Fed ID		
Name	г	Nhamar (	
	Phone: ( )		
	Ship To Address: City, State, Zip:		
City, State, Zip.		Jity, State, Zip	
Type of Business:			
How Long in Business?	Monthly Credit Level Desired:		
Principles of Firm:		Position	
Trinciples of Tillin	_		
		Position	
		Position	
List three credit references (	(Trade accounts where you h	ngve onen credit)	
List timee diedic references	Trade decounts where you n	ave open creary	
Reference	Telephon	e#	City, State
Bank Reference	City, State	۵	Officer
Dank Reference	City, State		Officer
Do you require D.O. number	rs? Vos □ Ne	• <b>—</b>	
Do you require P.O. number	s: res inc	0 🗌	
Other special instructions:			
List individuals authorized to	purchase:		
Signature:	Tit	tle:	
Date:			