

APPLICATION FOR LINE OF CREDIT

Fax: (817) 645-9129 or Email: sales@petrorubber.com

Corporation Partnership Individual
DL # _____ SS# _____ Tax/Fed ID _____

Name: _____ Phone: (____) _____
Bill To Address: _____ Ship To Address: _____
City, State, Zip: _____ City, State, Zip: _____

Type of Business: _____
How Long in Business? _____ Monthly Credit Level Desired: _____

Principles of Firm: _____ Position _____
_____ Position _____
_____ Position _____

List three credit references (*Trade accounts where you have open credit*)

Reference	Telephone#	City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank Reference	City, State	Officer
_____	_____	_____

Do you require P.O. numbers? Yes No

Other special instructions: _____
List individuals authorized to purchase: _____

Signature: _____ Title: _____

Date: _____