



823 W. Marshall Ave.
Longview, TX 75601
903.236.4311
aprentals.net

Credit Application

Buyer's Legal Name: \_\_\_\_\_ How Long In Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Type: Individually Owned \_\_\_ Partnership \_\_\_ Corporation \_\_\_

Table with 3 columns: Owner-Officers (Full Name), Home Address, Social Security #

Who Should Be Contacted on Credit Matters: \_\_\_\_\_

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Officer: \_\_\_\_\_

Major Supplier: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Major Supplier: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Major Supplier: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Sales Tax Exemption #: \_\_\_\_\_

Purchase Order Required: \_\_\_ Monthly Statement Required: \_\_\_ Number of Invoice Copies: \_\_\_

Authorized Purchasers: \_\_\_\_\_