



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 ___

Owner-Officers (Full Name) Home Address Social Security #

Three horizontal lines for entering owner/officer information.

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: _____

