



CREDIT DEPARTMENT
 7807 Main Street . Houston, TX 77030
 Local Phone (713) 791-1888 . Fax 713-796-7156
 Toll Free Phone 1-800-6-TUXEDO

Acct. #	_____
Salesperson	_____

CREDIT APPLICATION

TERMS REQUESTED: C.O.D. _____ Credit Card _____ MC Visa Discover Amex (attach credit card authorization)

Please print neatly or type.

APPLICATION INFORMATION

Business Name _____ Individual _____ Corporation / Yr of Inc. _____
 Billing Address _____ Partnership _____ State _____
 (Mailing Address) _____ How Long Has Business Been Established _____
 City _____ State _____ Zip _____ How Long Owned By Applicant _____
 Shipping Address _____ Business Phone _____
 City _____ State _____ Zip _____ Business Fax _____
 Type of Business _____ Business Phone _____
 Are you sales and/or use tax exempt: Yes _____ No _____ Email Address _____
 If yes, please insert your certificate number, sign and date the standard exemption form included with this application.

BANK / BUSINESS REFERENCE

Name	City	State	Account #	Phone #
Bank	_____	_____	_____	_____
Business Ref.	_____	_____	_____	_____
Business Ref.	_____	_____	_____	_____
Business Ref.	_____	_____	_____	_____

OWNER / PROPRIETOR PERSONAL INFORMATION

Name _____ Social Security Number _____
 Home Address _____ Birth Date _____
 City _____ State _____ Zip _____ Phone _____

I understand that the above information is given for the purpose to obtaining credit, and I authorize this information to be used to obtain a credit bureau report or any other information to determine the applicant's creditworthiness. I certify that the above information is all true, correct and accurate as of the date of this application. If approved for an open account, I acknowledge that the terms are net 10 (the monthly statement cut off is the 25th, the full balance is due by the 10th of the following month). I understand the interest, at the rate of 1 1/2 % per month, will be charged on all past due balances remaining unpaid. Should my account become delinquent, I understand that it may be convert C.O.D. In the event of default and referral to an attorney or collection agency, I agree to pay all costs incurred.

Owner / Officer's Signature	Title
Printed Name	Date