



CREDIT DEPARTMENT
 7807 Main Street . Houston, TX 77030
 Local Phone (713) 791-1888 . Fax 1-800-285-2875
 Toll Free Phone 1-800-6-TUXEDO

Acct. #	_____
Salesperson	_____

CREDIT APPLICATION

TERMS REQUESTED: Open _____ | C.O.D. _____ | Credit Card _____ (Master Card, Visa or Discover only)

Please print neatly or type.

APPLICATION INFORMATION

Business Name _____	Individual _____ Corporation / Yr of Inc. _____
Billing Address _____ (Mailing Address)	Partnership _____ State _____
City _____ State _____ Zip _____	How Long Has Business Been Established _____
Shipping Address _____	How Long Owned By Applicant _____
City _____ State _____ Zip _____	Business Phone () _____
Type of Business _____	Business Fax () _____
Are you sales and/or use tax exempt: Yes _____ No _____	Business Phone () _____
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 _____	Birthdate _____
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