

Return to

CREDIT APPLICATION



Date _____

2567 Decatur Ave Fort Worth, TX 76106
Office (817) 335-3328 **Fax (817) 335-2711**

American Auto Salvage Representative _____
Business Type: Sole Proprietorship Partnership Corporation In State of _____
Number of years in business _____ Number of Employees _____

Company Name _____
Address _____
City _____ State _____ Zip _____
Delivery Address _____
Phone (____) _____ Receiving Hours _____ Forklift / Hand Unload _____

Key Personnel

Owner/Manager/President _____ Treasure/Controller _____
Purchasing Agent _____ Accounts Payable _____

I hereby certify: That we hold valid Sellers Permit No. _____
Issued pursuant to the Sales Uses Tax Law that we are engaged in the business of selling _____

If Proprietorship or partnership please show name and home address of owners:

Name _____ Name _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Phone (____) _____ Phone (____) _____

Credit Information

Bank _____ Branch _____ Account No _____
Address _____ Phone (____) _____

Trade References: Please list three, with complete addresses

- Name _____ Address _____
City _____ State _____ Zip _____
Phone (____) _____ Contact _____
- Name _____ Address _____
City _____ State _____ Zip _____
Phone (____) _____ Contact _____
- Name _____ Address _____
City _____ State _____ Zip _____
Phone (____) _____ Contact _____

Ref Ckd _____ Inter-Company use Bank Ckd _____ D&B Rating _____

Credit Approved Y / N _____ Credit Limit \$ _____ Account Open Date _____
Account # _____ Account Name _____