

Phone: 713-956-8555 Fax: 713-956-8599

## CREDIT APPLICATION FOR NEW ACCOUNT:

Company Name		Trade Name
Address		
City, State, Zip		Country
Phone	Fax	Website
Accounts Payable Contact	Phone	E-mail
Accounts Payable Address (if different	t)	
Check one: [] Corporation [] Partners Corporate Officers or Owners (list hon	ship [] Individual Fed ID # (SSN for Individual) ne address for unincorporated business):	
Type of Business		Date Started
Approximate Annual Sales \$	Approximate Net Worth	S
Applicable sales tax rate for your local	lity% County	(If exempt, provide exemption certificate)
Bank	Account Number _	
Bank Officer Name	Phone Number	
Trade References (3 required from within our industry): Name / Address / Phone & Fax Number		
application are full, true, and corr receive any information concemir institutions which Signature Aspe Applicant authorizes any creditor Aspen will rely on the accuracy of determining whether to extend crunderstands and agrees that pay Applicant's receipt of payment from to pay all costs of collection, includue.  Signature Aspen reserves the rig Aspen's sole discretion. Applicant conditions which have been read	or financial institution to divulge such information set forth in and with this redit. Applicant agrees to pay all charges wayment in accordance with agreed upon terms any other party for goods or services puding reasonable attorney fees, in the eventh to not extend credit to the Applicant or it wishes to apply for credit with Signature	n to make inquiry into, to request, and to or credit status from creditors or financial lection of the proposed indebtedness and the rmation. Applicant understands that Signature application and all information obtained in within 30 days from invoice date. Applicant
Print Name		Title
Signature		Date