



CREDIT APPLICATION

5801 Denton Highway • Fort Worth, Texas 76148
 Tel.: (817) 788-8511 • Fax: (817) 788-8213

Please print and fill out completely.

BUSINESS CONTACT INFORMATION			
Company Name:			
Phone:	Fax:	E-mail:	
Registered Company Address:			
City:	State:	ZIP Code:	
Date Business Commenced:			
Sole Proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary Business Address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:	Phone:		
City:	State:	ZIP Code:	
BUSINESS/TRADE REFERENCES			
Company Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
AGREEMENT			
<ol style="list-style-type: none"> All invoices are to be paid upon receipt. By submitting this application, you authorize Central Texas Heat Treating to make inquiries into the banking and business/trade references that you have supplied. 			
SIGNATURES			
Title: Date:		Title: Date:	