

Pac Fas

1509 Alabama Street * P.O. Box 897
South Houston, TX 77587
Ph 713-946-4962 * Fx 713-946-4427

Confidential Credit Application

Legal Business Name: _____ Date: _____

DBA's (If Any): _____

Mailing Address _____ City _____ ST _____ Zip _____

Shipping Address _____ City _____ ST _____ Zip _____

Phone No. (____) _____ Fax No. (____) _____

Nature of Business _____ Please circle: Taxable or Nontaxable

Credit Limit Requested \$ _____ Web Site Address _____

Year Established _____ Business Type: Proprietorship _____ Partnership _____ LLC _____ Corp. _____

Owners or Officers: _____ Title _____

_____ Title _____

_____ Title _____

If Proprietorship: Social Security No. _____ Home Number (____) _____

Home Address _____ City _____ ST _____ Zip _____

Contractor/Business License No. _____ No. of Employees _____ Federal ID No. _____

Are Purchase Orders Used? (circle) YES NO Accounts Payables Contact _____

A/P Phone Number (____) _____ A/P Fax Number (____) _____

A/P Contact Email Address: _____

Invoice Delivery Method: (circle) E-mail / Mail / Fax _____

Statement Delivery Method: (circle) E-mail / Mail / Fax _____

Bank Information

Bank Name / Branch _____ Acct. No. _____ Contact _____

Mailing Address _____ City _____ ST _____ Zip _____

Bank (Personal) _____ Acct. No. _____

CREDIT REFERENCES:

Trade References/Commercial Accounts

Credit Reference Information sheet may be attached to application.

Name _____

Add/City/ST/Zip _____

Phone _____ Fax _____ E-mail _____

Name _____

Add/City/ST/Zip _____

Phone _____ Fax _____ E-mail _____

Name _____

Add/City/ST/Zip _____

Phone _____ Fax _____ E-mail _____

Application for credit is hereby applied for and is to be used by our credit dept. only.

We (I) hereby agree to terms as stated and fully intend to abide by them.

Terms are Net Thirty (30) days from invoice date. All invoices payable in Harris County, Texas.

Ownership of merchandise remains in name of seller until paid in full.

Officer/Authorized Signature _____ Title _____

Printed Name _____ Date: _____

Officer/Authorized Signature _____ Title _____

Printed Name _____ Date: _____

If purchases are for Resale, then a copy of reseller certificate must be attached.

EMAIL COMPLETED APPLICATION TO kim@bighcorp.com or FAX TO 713-946-4427