

# Official Background

## Credit Application

12250 S Kirkwood Dr Ste 1112  
Stafford, Texas 77477  
Phone 281.898.0097  
Fax 281.605.1992

**Please furnish the following references, completing all sections, to release verification of account information.**

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Area Code/Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Type of Organization \_\_\_\_\_ Employers Tax ID # \_\_\_\_\_

Nature of Business \_\_\_\_\_ # of Employees \_\_\_\_\_

Date Incorporated \_\_\_\_\_ Web Site Address \_\_\_\_\_

### Principals or Officers

1. \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_

2. \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_

### Bank Information

Bank Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

**Credit Card** Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express \_\_\_\_\_ Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name as it appears \_\_\_\_\_ PIN# \_\_\_\_\_

**Credit References** (If Accounting Dept. has a pre-typed list of vendors/bank references, simply fax to # above and sign below)

1. \_\_\_\_\_ Account # \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Account # \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Account # \_\_\_\_\_ Phone \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date \_\_\_\_\_ 01/05