



PO Box 1619  
Chandler, TX 75758

(p) 903.534.8875  
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### Credit Application

Customer Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ e-mail \_\_\_\_\_

Taxable \_\_\_\_\_ Yes \_\_\_\_\_ No If no, please complete resale or use exemption certificate.

Name of Officers or Owners	Phone #	E-mail
President/Owner _____	_____	_____
Controller/Owner _____	_____	_____
Secretary/Owner _____	_____	_____
Accounts Payable _____	_____	_____
Purchasing Contact _____	_____	_____

In order to process your application, please supply four MAJOR trade references and y our financial institution’s information.

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

Telephone # \_\_\_\_\_ Fax# \_\_\_\_\_ E-mail \_\_\_\_\_

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

Telephone # \_\_\_\_\_ Fax# \_\_\_\_\_ E-mail \_\_\_\_\_

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

Telephone # \_\_\_\_\_ Fax# \_\_\_\_\_ E-mail \_\_\_\_\_

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

Telephone # \_\_\_\_\_ Fax# \_\_\_\_\_ E-mail \_\_\_\_\_

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax# \_\_\_\_\_ Account# \_\_\_\_\_

Credit Limit Requested \$ \_\_\_\_\_ Estimated monthly purchases \$ \_\_\_\_\_

The customer hereby authorizes all its suppliers and bank(s), mentioned above to disclose upon inquiry by Sierra Supply and Packaging, all information concerning the company’s credit in order for Sierra Supply and Packaging to establish or renew a credit account. The customer listed above also agrees to pay any costs incurred in the collection of any amounts that become delinquent.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_