



# APPLICATION FOR CREDIT

RETURN TO: 11529 EMERALD ST., DALLAS, TX 75229

EMAIL: [AR@jordanredwood.com](mailto:AR@jordanredwood.com)

FAX: (214) 351-6076

NAME OF COMPANY: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

BILLING ADDRESS IF DIFFERENT: \_\_\_\_\_

BUSINESS PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ HOW LONG IN BUSINESS \_\_\_\_\_

PARTNERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ CORPORATION \_\_\_\_\_ DATE INCORPORATED \_\_\_\_\_

PLEASE SELECT YOUR BILLING PREFERENCE FOR INVOICES:  FAX  EMAIL  MAIL

EMAIL FOR INVOICES: \_\_\_\_\_

OWNER/OFFICER: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE# \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

### CREDIT/TRADE REFERENCES: (INCLUDE ADDRESS, PHONE #, FAX #, EMAIL AND CONTACT)

1. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_
2. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_
3. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_
4. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### BANK REFERENCE: (INCLUDE NAME, ADDRESS, PHONE#, ACCOUNT # AND OFFICER NAME)

Bank Name: \_\_\_\_\_ Acct# \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

TERMS OF SALE: 1% 10 DAYS, NET 30 or NET 10<sup>th</sup> Prox. EIGHTEEN PERCENT (18%) PER ANNUM CHARGED ON ALL PAST DUE ACCOUNTS. IN CONSIDERATION OF THE EXTENSION OF CREDIT TO THE ABOVE NAMED BUSINESS OR CORPORATION, I/WE, THE UNDERSIGNED DO HEREBY ACCEPT ALL TERMS AND CONDITIONS OF SALE, AUTHORIZE THE INVESTIGATION OF CREDIT HISTORY, AND DO HEREBY GUARANTEE THE PROMPT PAYMENT OF ALL INVOICES AND CHARGES FOR THE ABOVE NAMED BUSINESS OR CORPORATION. THIS GUARANTEE SHALL CONTINUE UNTIL WRITTEN NOTICE OF CANCELLATION SIGNED BY ME/US IS RECEIVED, BUT SHALL NOT AFFECT MY LIABILITY AS DEBTS THEN OWING. I/WE ALSO AGREE TO PAY REASONABLE ATTORNEY AND COLLECTION FEES SHOULD IT BECOME NECESSARY TO PLACE THE ABOVE NAMED ACCOUNT FOR COLLECTION AND AGREE THAT THIS CONTRACT IS PERFORMABLE IN DALLAS COUNTY, TEXAS AND WAIVE THE RIGHT OF SUIT ELSEWHERE.

CHOICE OF TERMS: 1% 10 \_\_\_\_\_ NET 30 \_\_\_\_\_ NET 10<sup>th</sup> Prox \_\_\_\_\_

SALES TAX STATUS: TAXABLE \_\_\_\_\_ NON-TAXABLE \_\_\_\_\_ (MUST FURNISH RESALE/EXEMPT CERTIFICATE)

AGREED TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME