

## **GIRARD INDUSTRIES**

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## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

## BUSINESS CONTACT INFORMATION

(THIS SECTION MUST BE COMPLETED EVEN IF SUBMITTING YOUR OWN INFORMATION SHEET)				
Company name applying for credit:				
Address:				
City:		State:		ZIP Code:
Type of Business:		Year Established:		Fed Tax No:
Sole proprietorship:	Partne	rship:	Corporation:	Other:
Telephone:		Fax:		E-mail:
Billing Address (if different from above):				
City:		State:		ZIP Code:
Accounts Payable telephone number:				
Principals (Name of Officers/Owners):				
Name:		Position:		Home Phone:
Name:		Position:		Home Phone:
Name:		Position:		Home Phone:
BANKING INFORMATION				
Bank Name:			Officer:	
Address:				
City:		State:		ZIP Code:
Phone:		Fax:		E-mail:
Account Number:				
BUSINESS/TRADE REFERENCES (FAX NUMBERS MUST BE SUPPLIED)				
Name:		Phone:		Fax:
Name:		Phone:		Fax:
Name:		Phone:		Fax:
Name:		Phone:		Fax:
Name:	me: Phone:			Fax:
AGREEMENT				
The undersigned by submitting this application has authorized Girard Industries to make inquiries into the banking and business/trade references that you have supplied.				
SIGNATURES PLEASE SIGN BELOW				
Name/Title:			ı	Date:

A signed copy of this form must be returned to Girard even if attaching your own information sheet.