

2636 IRVING BLVD.  
DALLAS, TX 75207  
www.crouchsales.com

# CROUCH SALES CO., INC.

## CREDIT APPLICATION

p: 214-637-6051  
f: 214-637-5146  
1-866-419-0300

Please fill out, sign and return to Janet via, mail, fax or email to [jbrandon@crouchsales.com](mailto:jbrandon@crouchsales.com). Thank you.

### BILL TO:

NAME \_\_\_\_\_  
DIVISION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CIRCLE METHOD OF BILLING:**    **EMAIL**    **FAX**    **US MAIL**

### SHIP TO:

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
ATTN: \_\_\_\_\_

**REQUIRE PURCHASE ORDERS?**    **YES**    **NO**

### CONTACT INFORMATION:

PHONE \_\_\_\_\_  
FAX \_\_\_\_\_  
EMAIL \_\_\_\_\_  
WEBSITE \_\_\_\_\_

OFFICER NAME \_\_\_\_\_

### ACCOUNTS PAYABLE CONTACT:

NAME \_\_\_\_\_  
PHONE \_\_\_\_\_ EXTENSION \_\_\_\_\_

### GENERAL BUSINESS INFORMATION:

TYPE OF BUSINESS \_\_\_\_\_

**CIRCLE D/B/A:**    **INDIVIDUAL**    **PARTNERSHIP**    **CORPORATION**

YEAR OPENED \_\_\_\_\_ YEAR OF INC \_\_\_\_\_ STATE OF INC \_\_\_\_\_

**PAY SALES TAX? PLEASE CIRCLE ONE.**

**EXEMPT: PLEASE FILL OUT CERTIFICATE FOR OUR FILES**

**TAXABLE**    **EXEMPT**

### BUSINESS CREDIT REFERENCE: List Minimum of Three

NAME _____	NAME _____	NAME _____
ADDRESS _____	ADDRESS _____	ADDRESS _____
CITY,STATE,ZIP _____	CITY,STATE,ZIP _____	CITY,STATE,ZIP _____
EMAIL _____	EMAIL _____	EMAIL _____
PHONE _____	PHONE _____	PHONE _____
FAX _____	FAX _____	FAX _____
CONTACT _____	CONTACT _____	CONTACT _____

The above statements are true and made for the purpose of obtaining credit.

**AUTHORIZED SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

### SPACE FOR BUSINESS OFFICE USE