

APPLICATION FOR CREDIT

NAME OF FIRM OR INDIVIDUAL		SOCIAL SECURITY #/ DRIVERS LICENSE #		
ADDRESS		YEARS AT THIS ADDRESS		
CITY	STATE	ZIP	AREA CODE	PHONE

HEREBY applies for credit in accordance with the following terms and conditions of :

DAVID'S PATIO, INC.
3001 EAST HIGHWAY 199
SPRINGTOWN, TX 76082
817-677-2759

CREDIT MANAGER

OUR NORMAL CREDIT TERMS

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP: Corporation Partnership Individual/Sole Proprietor
 Check here if Incorporated within the past 12 months

1.	Name(s) of Principals	Complete Address	Zip	Phone
2.	_____			
3.	_____			

FINANCE: _____

Bank

Bank Address

Bank Officer or Department

Bank Phone

REFERENCES:

1.	Business Name	Complete Address	Zip	Phone
2.	_____			
3.	_____			

It is understood that an 1-1/2% Charge will be added Monthly to Overdue Accounts and No Further Sales will be made until balance is paid in full. If default on credit terms, this account will revert to COD status. We certify that all the information on this form is correct. We fully understand your credit terms and agree to proper payment in consideration of extended credit.

SIGNED: _____

DATE: _____ TITLE: _____

VERIFICATION:

REFERENCES CHECKED BY: _____	CREDIT APPROVED BY _____
REFERENCE RESULTS _____	CREDIT REFUSED BY _____
	DATE _____