



14722 Regnal Houston, TX 77039

Phone:281-987-1815 Fax: 281-987-2743

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Business contact information

Name and Title:			
Phone:	Fax:	E-mail:	
Registered Company Address:			
City:	State:	Zip code:	
Date business commenced:			
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation <input type="checkbox"/>	Other: <input type="checkbox"/>

Business and credit information

Primary business address:			
City:	State:	Zip code:	
Telephone:	Fax:	E-mail:	
A/P Contact name:			
A/P Contact Phone:	A/P Contact E-mail:		
How long at current address:	Federal Tax ID #:	Tax Exemption #:	

Business/trade references

Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Zip code:	City:	Zip code:
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	
Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Zip code:	City:	Zip code:
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	

Agreement

1. All invoices are to be paid COD until payment terms have been approved.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorise Western Data Systems, INC. to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Title:	Title:
Date:	Date: