SALESMAN: LIMIT: DATE OPENED: ACCOUNT NUMBER:

## JOHN E. QUARLES COMPANY 1801 PARK PLACE ---- P.O. BOX 11617 FORT WORTH, TX 76110

PH: 817-926-1761 - FAX: 817-921-2355 - www.quarleslumber.com

## **CREDIT APPLICATION**

NAME OF BUSINESS						
STREET ADDRESS	CITY		STATE		ZIP	
MAILING ADDRESS	CITY		STATE		ZIP	
PHONE	FAX		E	-MAIL		
ACCOUNTS PAYABLE CONTA	СТ		PH			
DATE STARTED						
OTHER DBA LAST 5 YEARS						
HAVE YOU FILED FOR BANKR	CUPTCY WITH IN PAST 5 YEAR	S?				
BUSINESS TYPE:	CORPORATION	PARTNERSHI	P II	NDIVIDUAL	OTHER	
FEDERAL TAX ID #			BUILDER REG	i #		
PRIMARY NATURE OF BUSINE	ESS:					
NAMES OF OWNERS AND OFF	FICERS					
NAME	ADDRE	SS			PHONE	
PRIMARY BANK / INTERIM	ADDRESS	PHONE	FAV		BANK OFFICER	
PRIMARY BANK / INTERIM	ADDRESS	PHONE	FAX		BANK OFFICER	
BANK ACCOUNT #						
CREDIT REFERENCES						
NAME	ADDRE	SS	PHONE		FAX	
NAME	ADDRE	ss	PHONE		FAX	
NAME	ADDRE	SS	PHONE		FAX	

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## **CREDIT APPLICATION**

I/We hereby certify the information provided on page 1 of 2 of this application, given for the purpose of obtaining credit, is true and correct, and I/We authorize you to obtain such information as you may require concerning this application, and agree that it remain our property whether or not credit is granted. All accounts are due and payable in full on or before the 10th of the month following the date of purchase.

I/We agree to pay fees and costs associated with collecting on a past due account, including but not limited to reasonable attorney's fees, court costs, finance charges, fees associated with filing liens and interest of 1.0% per month on all past due accounts.

I/We certify the forgoing to be true to the best of our/my knowledge and agree to the above

terms.	, ,	
Dated	Signature of Applicant	Title
I/Me never and by guerontee neumant to le	Signature of Applicant	Title
I/We personally guarantee payment to Jo balances owed by the above applicant.	nn E. Quaries Company of all of	utstanding account
Signature	 Date	