



Business Credit Application

A

Business name: _____	Phone number: _____
Billing address: _____	Fax number: _____
City: _____ State: _____ Zip: _____	Street Address: _____
A/P contact name: _____	City: _____ State: _____ Zip: _____
A/P Phone number: _____	E-mail address: _____
A/P Fax number: _____	

B

General Business Information	
Type of business: Corp. Part. Sole P. _____	Officer's name & title: _____
Are purchase orders required? _____	
How long has Applicant been in business? _____	Officer's name & title: _____
How long has Applicant been at present location? _____	
Can you anticipate your monthly volume with us? _____	Officer's name & title: _____

C

Bank Reference	
Bank name: _____	Phone number: _____
City: _____ State: _____ Zip: _____	Fax number: _____

D

Business Credit Reference	
ALL INFORMATION TO BE HELD IN CONFIDENCE	
1. Company: _____	Street address: _____
City: _____ State: _____ Zip: _____	Fax number: _____
2. Company: _____	Street address: _____
City: _____ State: _____ Zip: _____	Fax number: _____
3. Company: _____	Street address: _____
City: _____ State: _____ Zip: _____	Fax number: _____

Applicant certifies that the above information is true and correct. Applicant also represents and agrees (1) that the merchandise to be purchased and the credit requested are solely for business or commercial purposes and not for personal, family or household purposes, (2) that invoices are net and due 30 days from invoice date, (3) that any invoiced amounts no paid within 30 days after the date due shall bear interest at the maximum nonusurious rate permitted by law (currently 18% per annum) from the date due until paid, (4) to pay any and all cost as of collection (including without limitation reasonable attorney's fee) incurred by Champion Fiberglass in collecting any overdue account, and (5) that you are authorizing Champion Fiberglass to contact the above references as well as any credit reporting services or other sources in determining whether to extend credit to applicant, and to report information regarding applicant's account.

E

Date: _____	Signed _____
	Name _____
	Title _____

Completion of Sections A, B & E is **REQUIRED**

If desired, you may send your own company pre-printed form (if available) to complete **Section C and D**

Return **COMPLETED** application to:

Attn: Champion Fiberglass
Accounts Receivable
6400 Spring Stuebner Rd.
Spring, TX 77389

Phone: (281)655-8900
Fax: (281)257-2523 Credit Dept.



CLIENT BANK CREDIT REFERENCE INQUIRY

DATE: _____

CLIENT: _____

BANK REFERENCES:

Bank Name: _____

Attn: _____

Account No. : _____

FAX: (PLS. PROVIDE THE FAX NUMBER)

Attn: **Commercial Credit**

KIND OF ACCOUNTS	DATE OPENED	AVERAGE BALANCE
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_____	_____	_____
_____	_____	_____

Is it a satisfactory account? Yes / No If yes: How much \$ _____

Any Loans? Yes / No If yes, how much is the balance to date: \$ _____

Is/Are the loans secured? Yes / No

Comments: _____

Average monthly balance of the Loans? \$ _____ Do they pay on time? Yes / No

Completed By: _____ Title: _____

Customers Name has an order that is pending credit approval. Please fax completed form back to 281-257-2523.

Thank you.

Marissa M. Sarangaya
Credit and Collections

I HEREBY AUTHORIZE THE ABOVE BANK TO RELEASE ANY CREDIT INFORMATION CONCERNING MY ACCOUNTS. SIGNATURE _____ TITLE: _____

(Name of Company)