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CREDIT APPLICATION

NAME: _____

PHONE: (____) _____ FAX: (____) _____

E-MAIL: _____ CONTACT PERSON: _____

PHYSICAL ADDRESS: _____

BILLING ADDRESS: (IF DIFFERENT FROM ABOVE) _____

CITY: _____ STATE: _____ ZIP: _____

MANAGEMENT COMPANY/OWNER: _____

PHONE: (____) _____ FAX: (____) _____

MANAGER'S NAME (IF APT or TH etc...): _____

PO'S REQUIRED? YES ___ NO ___ TAX EXEMPT? YES ___ NO ___ (IF YES, PLEASE ENCLOSE CERTIFICATE)

BANK REFERENCE: _____ PHONE: (____) _____

CHECKING ___ SAVINGS ___ ACCOUNT NUMBER: _____

___ CORPORATION ___ PARTNERSHIP ___ INDIVIDUAL TAX ID _____

REFERENCES:

NAME: _____ PH(____) _____ FAX(____) _____

NAME: _____ PH(____) _____ FAX(____) _____

NAME: _____ PH(____) _____ FAX(____) _____

NAME: _____ PH(____) _____ FAX(____) _____

THE ABOVE INFORMATION IS INTENDED FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE AAA PLUMBERS TO INVESTIGATE THE REFERENCES LISTED ABOVE, PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY. APPLICANT'S SIGNATURES ATTEST FINANCIAL RESPONSIBILITY AND WILLINGNESS TO PAY OUR INVOICES ACCORDING TO TERMS OF INVOICE WHICH ARE PAYABLE WITHIN (30) DAYS.

DATE: _____ SIGNATURE: _____ TITLE: _____

BELOW FOR OFFICE USE ONLY

CREDIT EXTENDED: ___ YES ___ NO LIMIT: \$ _____

COMMENTS: _____